



## Emergency Care Form

With this form, I hereby give permission to A Dog's Day Out (ADDO) Alexandria to bring my dog(s) to your veterinary facility, should there be an emergency situation or should my dog need medical attention of any nature.

Dog Name (List all the apply)	Sex M or F	Birth Date	Breed or Mix	On Medication? If no, please say no. If yes, what medication?

I have initialed directly below for the options of Veterinary care, which I approve of in my absence.

Client Initials	Monetary Benchmarks Approved for Care as Needed
	\$500 Limit
	\$1,000 Limit
	"Heroic Measures" (\$1,000+) Heroic Measures is a veterinary term that can be used to include the need for surgery.

### Emergency Care - Credit Card Information

Name on Credit Card	Visa or MC	Credit Card #	Exp. Date	Sec Code

\* I understand my credit card will NOT be used, unless my dog specifically needs medical attention in my absence.

### Client & Alternate Emergency Contacts

Should you have any questions in my absence & I cannot be reached immediately, please reach out to my emergency contacts provided below. This list is provided to ensure immediate medical attention is given to my dog.

Name of Contact	Relation to Client	Phone	Alt. Phone (optional)	Email
ADDO Client	Self			

\_\_\_\_By initialing this line, I am identifying that I **will not** be able to be reached from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_, in a timely manner.

ADDO and this Emergency Care Form are assisting me in preventing any delay in my dog(s) gaining medical attention, while in the care of ADDO. To any Veterinarian caring for my dog in my absence, please accept my signature below to provide immediate care as needed for my dogs, at the monetary benchmarks listed above, with my listed payment details.

\_\_\_\_\_  
 Client - Print Name                      Client - Signature                      Date