



Emergency Medical Treatment Release

Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Dog(s): \_\_\_\_\_

Primary Veterinary Clinic: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Major Health Problem(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

I understand and agree that in the event of a medical emergency, Seneca Pet Care LLC, at its sole discretion has the authority to appropriate the immediate assessment, treatment, and care of my dog(s) at a licensed veterinary facility, including transportation. I further agree that I am financially responsible for any and all medical treatments that my dog(s) receives as a result of a medical concern no matter how minor while in the custody and care of Seneca Pet Care LLC.

Signature of Liable Party (Owner): \_\_\_\_\_

Printed Name of Liable Party (Owner): \_\_\_\_\_

Date: \_\_\_\_\_