



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: _____