

THE DOG HOUSE, INC.
Medical Release Form

First and foremost, the safety and well being of your pet is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we immediately get them medical treatment at the closest available facility. We will call ahead to the veterinary office in the closest proximity geographically to us to insure they can handle the emergency. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason it is a requirement to have our pet parents signature on this form.

_____I understand that in the event of a medical emergency, that The Dog House, inc. at its sole discretion deems the need for immediate attention of a licensed veterinarian, I authorize The Dog House, inc., to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet receives as a result of a medical emergency while attending services provided by The Dog House, inc.

Signature of Owner:_____ Date:_____

Printed Name:_____

Closest Veterinary Facility to this location:

Cherokee Hills Veterinary Hospital
7308 N MacArthur Blvd
Oklahoma City, OK 73132

(405) 721-2520