



THE SMILING DOG

PET SALON, DAYCARE & BOARDING

Authorization for Emergency Medical Treatment

Owner Information:

Owner Name: _____

Phone Number: _____

Address: _____

Veterinary Clinic:

Name: _____

Phone Number: _____

Address: _____

Pet Name(s): _____

Designated Caretaker:

Name: The Smiling Dog LLC _____

Phone Number: (916) 759-9014 _____

Address: 4804 Granite Drive, Suite F1, Rocklin, CA, 95677 _____

Medical Intent Release:

- The Pet Caretaker designated above is responsible for my pet(s) while I am away and is authorized to seek veterinary services in my absence.
- In the event of an emergency and the Veterinary Clinic noted above is not available, I give permission to The Smiling Dog to take my pet to Loomis Basin Veterinary Clinic, The Atlantic Street Pet Emergency Center or Marqueen Pet Emergency Facility.
- The Pet Caretaker designated above is responsible for my pet(s) while I am away. For medical decisions regarding veterinary care, I wish to be contacted.

If I cannot be reached, I appoint the following person to act on my behalf.

Name: _____

Phone Number: _____

Address: _____

This authorization is to remain valid only during a time that my pet(s) are in the care of The Smiling Dog LLC. Owner

Signature: _____ Date: _____