



# ANIMAL MOTEL

Doggy Day Care \* Boarding \* Training \* Grooming \* Pet Travel & Relocation

## Authorization for Treatment

Our contract states, "If the animal becomes ill or if the state of the animal's health otherwise requires attention, the kennel shall have the right to call a veterinary or administer medicine or give other advisable attention within the kennel's discretion, and the expense thereof shall be paid by the owner."

At present, if we take an animal to the emergency clinic, we commit to \$1,000, which usually covers a twelve-hour hospital stay plus test. We then have to decide how far we should go with the treatment of an animal. Animal Motel is required to pay all charges related to care of the pet taken in. We are asking you to help give us some guidance as to the amount of medical care your animal receives.

How much treatment do you want provided to your pet?

12 hours hospitalization and treatment

24 hours hospitalization and treatment

Unlimited hospitalization and treatment

Surgery fees up to \$

If an unforeseen catastrophic emergency occurs that could result in a cardiopulmonary arrest, I authorize Animal Motel to have the following procedures performed:

*No Cardiopulmonary Resuscitation (CPR) Efforts.* Only the administration of pain medication to help ease pet's passing.

*Limited Cardiopulmonary Resuscitation (CPR),* to attempt to restore normal heart function and breathing with no surgical intervention as deemed necessary by the doctor until I can be reached. (This is a cost added to the estimate and I agree to pay the fee.)

*Full Cardiopulmonary Resuscitation (CPR)* All resuscitative efforts are to be attempted to restore normal heart function and breathing as deemed necessary by the doctor until I can be reached. This includes surgical intervention. (I understand that this is a cost in addition to any estimate and agree to pay this fee.)

Only medical (non-surgical) resuscitative efforts for my pet.

I authorize Animal Motel to use their best judgement along with the attending Veterinarian for determining whether life support should continue.

I authorize Animal Motel to euthanize my pet if treatment exceeds \$

If an emergency does occur, Animal Motel will attempt to contact your own Veterinarian first. If for any reason we are unable to contact them or are unable to transport your pet to the location, Animal Motel will use a local veterinarian of our choice.

Pet's Name:

Breed:

Pet's Birthdate:

Signature: \_\_\_\_\_

Print:

Today's Date:

**Submit**

File ID Number