



Medical Treatment Authorization and Release of Liability

IN CASE OF MEDICAL EMERGENCY I authorize the Urban Pooch staff and/or their designated representatives to take my dog _____ to the nearest professional veterinarian and authorize treatment. I understand that all costs in connection with this emergency treatment, including transportation, veterinary, medical and medications and costs necessary for this care shall be my responsibility. I am providing Urban Pooch with credit card information to be used for such emergency purposes.

I understand that although all client dogs are domesticated and under constant supervision, an injury to my dog might occur, in which event, I release Urban Pooch, Inc. and its owners and staff of any and all liability, financial and otherwise, which arise in any way from services and/or products provided or as a consequence of my association with Urban Pooch. I waive any and all claims, actions or demands of any nature, foreseen and unforeseen, that I may have against Urban Pooch relating to the care, control, health and/or safety of my dog arising during drop-off, pick-up, transport and stay at the facilities.

Signature _____ **Date** _____

Printed Name _____

Address _____

Zip Code _____

Phone **Work** _____ **Mobile** _____

Credit Card **Visa** _____ **Master Card** _____ - _____ - _____ - _____

Exp Date _____ **Security Code** _____