



Medical Treatment Agreement

4100 W Willow Knolls Drive, Peoria, IL 61615

Phone: (309) 683-3789

First and foremost the safety and well being of your pet(s) is of the highest importance.

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 are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility or treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and distractions may interfere with that process.

I, the undersigned owner of _____, my dog, do hereby authorize and consent to such medical services or care which in the sole judgment of Dog Paws, Inc. d/b/a My Dog's Bakery, Daycare & Grooming ("MDBDG") is necessary or appropriate for my dog, including the selection of veterinary personnel and facilities and the transfer of my dog to such facilities. I authorize and consent to all emergency, surgical, diagnostic, and corrective treatment and procedures deemed by duly licensed veterinarians to be necessary for the life, health and well being of my dog. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to my dog, but I agree that necessary treatment shall not be withheld if the undersigned cannot be reached.

It is understood and agreed that I will be financially responsible for any and all medical and transportation expenses incurred on behalf of my dog. It is further understood and agreed that MDBDG and the selected provider of veterinary services may charge my credit card listed below for the full cost of said veterinary, transportation, and related medical services.

Credit Card #: _____ have on file with vet _____ Expiration Date: _____

Type: Visa/MasterCard/Discover (circle one)

Owner Name: _____

Signature _____ Date: _____