



DOGGIE DEPOT MEDICAL AGREEMENT

Directions: Please save a copy of this form to your computer by selecting "File/Save As" before entering text and numbers. Then fill in your information electronically and select "Save." Note that this form requires the current Adobe Reader® version to function properly. Download the most recent version of Adobe Reader® at <https://get.adobe.com/reader/>.

I, the undersigned owner of

my dog, do hereby authorize and consent to such medical services or care which in the sole judgment of Doggie Depot, Inc. 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 Doggie Depot, Inc. and the selected provider of veterinary services may bill me directly for the full cost of said veterinary, transportation and related medical services.

SIGNATURE

OWNER NAME (Print)

SIGNATURE

DATE