



Emergency Information

Pet's Name: _____ Breed: _____

Age: _____

Please list any pre-existing medical conditions: _____

Please list any medication being administered: _____

If the pet named above becomes ill or is injured, I request that Yuppie Dog Daycare & Grooming take the pet to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

I authorize Yuppie Dog Daycare & Grooming to approve veterinary treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize Yuppie Dog Daycare & Grooming to take my pet to another veterinary office for treatment. I understand that Yuppie Dog Daycare & Grooming cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever Yuppie Dog Daycare cares for my pet. I understand it is my responsibility to update this emergency information whenever necessary.

Owner's Name (Print): _____

Owner's Signature: _____

Date: _____