



**Pewaukee
Veterinary Service**

N29W23950 Schuett Dr. Pewaukee WI 53072

Phone: (262) 347-0787 Fax: (262)347-0780 Site: www.pewaukeeveterinaryservice.com

Dog Day Care and Pet Boarding Medical Consent

Please review and provide us with this important contact information. In the unlikely event of an emergency situation arising with your pet, we need to know how to contact you quickly and what your instructions are for your pet’s healthcare in your absence. Please choose from one of the following options:

_____ Please treat my pet(s) as your veterinarians see fit.

_____ Please keep my pet(s) comfortable & await for further instructions as you are contacting me.

In the case of any emergency situation or injury with your pet, our staff will contact you immediately at the emergency contacts you provide us. If we are unable to reach you, or your emergency contacts, in an expedient manner and immediate medical attention for your pet is required Pewaukee Veterinary Service in its sole discretion may engage our veterinarians to administer medicine and/or give other requisite medical attention to your pet(s).

If your pet’s situation is deemed life-threatening or critical in nature by our veterinarians, we will transport your pet to the Emergency Veterinary Service – a veterinary emergency hospital – for critical care. The Emergency Veterinary Service is located at The Wisconsin Veterinary Referral Center, approximately two (2) miles south of our facility.

If your pet’s situation does not require your pet be transported to a veterinary emergency hospital facility, we will continue to attempt to contact you until we get a hold of you and/or your emergency contacts. At that time, we will discuss with your pet’s situation and options for your pet’s healthcare. Expenses of these veterinary services given shall be paid by the owner.

I/We, the owner(s) and pet parent(s) of _____ understand that there are inherent risks to bringing my pet to a dog day care or boarding facility. In the event of a serious injury and/or illness with my pet I/we hereby give consent to Pewaukee Veterinary Service and its employees to act on my/our behalf, in the event that we cannot be reached, to authorize and/or refuse any necessary medical treatment while under the care of the aforementioned. I/We understand that I/we will be responsible for any and all costs incurred for such treatment.

By my signature, I certify and consent that I have read and agreed to [Pewaukee Veterinary Services’ published policies](#) and the information stated on the [Dog Day and Pet Boarding Application Agreement and Medical Consent](#).

Owner/Pet Parent Signature: _____ Date: _____

Owner/Pet Parent Signature: _____ Date: _____

This document may not be altered in any manner.