

KAMP KVH

Emergency Information:

Name of your regular Veterinarian: _____

Name of Veterinary Clinic _____ Phone Number _____

In case of Emergency Notify:

Contact #1 _____ Phone Number _____

Contact #2 _____ Phone Number _____

Contact #3 _____ Phone Number _____

If, in our judgment, your pet requires immediate medical care due to illness or injury and we are unable to reach you or the emergency contacts, the Veterinarian on Staff at that time will initiate treatment.

Please perform whatever services the doctor deems necessary for the best care of my pet until I or my authorized agent can be reached. I authorize up to the following amount:

\$300.00 _____ \$500.00 _____ \$1,000.00 _____ Unlimited _____

- DO NOT administer any medical treatment until specific authorization is given by the owner or their authorized agent. (initials) _____**
- Due to advanced age in my pet please DO NOT PERFORM heroic measures to resuscitate my pet in the event of a medical crisis (initials) _____**
- If my pet has an illness/requires surgery & needs intensive overnight supervision, I give permission for my pet to be transferred to the Denton County Animal ER and recognize that the Denton County ER Hospital charges are separate from Kamp KVH. I also agree that it is acceptable for my pet to be transported to the Denton County Animal ER by a Krum Veterinary Hospital Technician or employee.**

Owner's Signature: _____ Date: _____

KAMP KVH-Pick Up Information

Kamp KVH Boarding will release your pet to the following person(s):

