

Day Care For Dogs

Veterinary Treatment Release Form

I, _____, owner of _____, hereby release authorization to Day Care For Dogs (DCFD) to seek emergency treatment for my dog(s) for any illness or injury that may arise while my dog is in the care of DCFD as deemed necessary by DCFD staff. The veterinary hospital to administer treatment will be at the discretion of DCFD.

I accept full financial responsibility for any treatment deemed necessary by the treating veterinarian.

Signature of Owner

Printed Name

Date