

MARKIM PET RESORT

EMERGENCY CONTACT AND PET RELEASE AUTHORIZATION YEAR _____

Information may be added at any time. If information needs to be changed/updated, completion of a new form is required

PET'S NAME	OWNER'S LAST NAME	DOG BREED	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> NEUTERED <input type="radio"/> SPAYED	WEIGHT	AGE	SENIOR FORM ON FILE <input type="radio"/> YES <input type="radio"/> NO
		CAT BREED				YEARLY BOARDING AGREEMENT FILE <input type="radio"/> YES <input type="radio"/> NO
ALLERGIES/SPECIAL NEEDS						I UNDERSTAND THAT A 6 MONTHS BORDETELLA IS REQUIRED BY THE RESORT FOR ALL OF OUR SERVICES _____ INITIAL YEARLY EXEMPTION/TITER LETTER REQUIRED <input type="radio"/> YES <input type="radio"/> NO If YES, name shot(s) _____
HANDLING INSTRUCTIONS (i.e. leash aggressive, toy possessive, does not like other dogs, go slow, feed with caution, etc...)						
ADDRESS						
OWNER/GUARDIAN 1			HOME PHONE	WORK	CELL NUMBER	
EMAIL			FAX	ADDITIONAL NUMBERS		
OWNER/GUARDIAN 2			HOME PHONE	WORK	CELL NUMBER	
EMAIL			FAX			

List a minimum of three (3) additional emergency contacts

1. _____ Home Phone _____ Work Phone _____
Address _____
Relationship to owner _____
2. _____ Home Phone _____ Work Phone _____
Address _____
Relationship to owner _____
3. _____ Home Phone _____ Work Phone _____
Address _____
Relationship to owner _____

For the security of your pet, we will require all individuals authorized to pick up your pet, that our staff is not familiar with, to show a photo I.D. at the time of the pickup.

MEDICAL EMERGENCY

Vet's Name _____ **Phone** _____

It is understood that in some medical situations the staff will need to contact the local emergency resource before the owner, pet's vet and/or other adult acting on the owner's behalf can be contacted. In cases the Resort is unable to contact me, (the owner) or any of my emergency contacts; I **give** **do not give** permission to MARKIM PET RESORT to transport my pet for treatment to _____ or **The Vet. Specialty Hospital** and follow the instructions I have pre-set in case of a medical emergency. _____ **Initial**

If my Vet is not available, please transport to The Vet. Specialty Hospital YES NO _____ **Initial**

Take all measures needed in order to prolong my pet's life YES NO _____ **Initial**

Emergency Medical Information:
Drug Allergies/Special Medication Needs _____
Chronic Diseases/Other Health Problems _____

OWNER'S NOTES/COMMENTS: _____

OWNER'S SIGNATURE	DATE:
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