2024 MEDICAL CARE RELEASE

This form is required for all first time Wright Pet Kennels participants.

The welfare and safety of your pet(s) is/are of the utmost importance, if a medical emergency should arise while your pet is attending our Lodging or Daycare facility or participating in our In-Home Pet Care program it is critical that we are able to provide medical treatment quickly. Wright Pet Kennels has made arrangements for emergency medical care with veterinarians at the following veterinary hospital.

Michigan State University Veterinary Medical Center
736 Wilson Road
East Lansing, Michigan 48823-1314
517.353.5420

l,	, agree to indemnify	and hold	harml	ess Wrigh	t Pet
Kennels from any liability and responsibility for the financial cost of all medical treatment and/or					
the condition of my pet(s) resulting from su-	ch medical treatment				
In the event of a medical emergency, I agree to allow Wright Pet Kennels to seek medical care					
from the above veterinary hospital. I further agree that I am financially responsible for any and					
all medical treatment my pet(s) received as a result of a medical emergency while attending					
Lodging or Daycare at Wright Pet Kennels or In-Home Pet Care.					
Owner's Signature		Date	_/	_/	
Pet's Name					

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