

Happy Tails Too!, LLC

Boarding Facility & Feed Store

Veterinary Consent Form

Client #: _____

Date: _____

Client's Name: _____

Name of Pet(s): _____

Primary Name of Emergency Contact: _____

Emergency Contact Number: (_____) _____ - _____

Alternate Name of Emergency Contact: _____

Emergency Contact Number: (_____) _____ - _____

Transportation, Admission and Medical Treatment Consent

If at any time while boarding at Happy Tails Too!, LLC, my pet shows sign of illness*, I consent to allow a representative of Happy Tails Too!, LLC to transport and admit my pet into a veterinary facility.

I understand that if my pet becomes ill, a representative of Happy Tails Too!, LLC, will call the emergency number(s) listed above regarding my pet's illness before transporting my pet to a veterinary facility. If no one can be reached; however, Happy Tails Too!, LLC, will transport and admit my pet to North East Veterinary Referral Hospital in Plains, Pa. If for some reason North East Veterinary Referral Hospital in Plains, PA is not open or available for the treatment of your pet, then Happy Tails Too!, LLC shall be authorized to select another facility of its choosing based upon availability and distance.

I also understand that once my pet is diagnosed by the veterinary facility, someone from the facility will attempt to contact my emergency contact number listed above. If unable to contact me, the veterinary facility is authorized to perform whatever procedures it deems necessary for the treatment of my pet. Treatment for purposes of this authorization includes, but is not limited to, non-elective treatments and any necessary tests and diagnostics. I further understand that anesthesia may be needed, and there are certain risks associated with anesthesia and these risks are present in any procedure that requires a general or intravenous anesthetic. Nevertheless, I consent to its use when the treating facility deems it necessary.

Happy Tails Too!, LLC will stay at the veterinary facility until the status of my pet is known. If my pet is to be treated and released within four hours of arrival, and I am unable to be contacted or unable to make it to the veterinary facility, Happy Tails Too!, LLC has the right to transport my pet back to its facility. If my pet requires hospitalization, or it will not be treated and released within four hours, then Happy Tails Too!, LLC is authorized to relinquish all responsibility for my pet to the veterinary facility.

PAYMENT AGREEMENT

I understand it is not possible to determine in advance the exact extent of medical or surgical treatment required for my pet. As such, the costs of such treatment are not known in advance of my signing of this consent. However, I agree to pay the costs of any such medical or surgical treatment as charged by the veterinary facility. I further agree to pay Happy Tails Too!, LLC, a transportation fee of \$50 to transport my pet to the veterinary facility and an additional boarding day rate if my pet is treated and released into the custody of Happy Tails Too!, LLC.

RELEASE AND INDEMNIFICATION

Except in the case of gross negligence or intentional torts, I do hereby release, indemnify and hold Happy Tails Too!, LLC, its members, officers, employees, representatives, contractors, and agents, harmless from all manner of actions, causes of actions, suits, debts, bills, contracts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which I ever had, now has, or which my heirs, successor and assigns can, shall or may have, against Happy Tails Too!, LLC, its members, officers, employees, representatives, contractors or agents, by reason of any matter, cause or thing whatsoever, relating to the transportation, admission, and medical consent and payment agreement, including, but not limited to, attorney fees, court costs and third party claims for payment.

By signing below, I verify that: (1) the owner of the pet; (2) an adult individual;

(3) authorized to give this consent; and (4) agree to its terms.

Signature of Client: _____ Date: _____

*Illness for the purposes of this Consent includes, but is not limited to, respiratory trouble, pale mucus membranes, gastric dilation volvulus (bloat), bloody diarrhea, excessive diarrhea, excessive vomiting, lethargy, laceration, eye injury, non-weight bearing on a limb, allergic reaction, blood coming out of any orifice of the body or any other perceived condition in the opinion of Happy Tails Too !, LLC, may warrant veterinary treatment even if treatment is ultimately determined to be unnecessary.

Happy Tails Too!, LLC
Bree Monte-Snyder CVT
1100 South Main Road
Mountain Top, Pa 18707
(570)868-5082