



Pathways to Independence: Karma's Kennel
7020 D Huntley Rd
Worthington, OH 43085

EMERGENCY CONTACT INFORMATION

YOUR EMERGENCY CONTACT SHOULD BE SOMEONE LOCAL AND SOMEONE THAT, IN THE EVENT OF EMERGENCY, HAS ACCESS TO YOUR HOME.

EMERGENCY CONTACT NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

VET INFORMATION AND RELEASE FORM

VET CLINIC _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY, PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO WILL MAKE EVERY ATTEMPT TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I AUTHORIZE THE FOLLOWING:

IN THE EVENT OF ILLNESS OR INJURY, I AUTHORIZE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO TO SEEK APPROPRIATE MEDICAL TREATMENT FOR MY PET. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO TAKE MY PET TO THE VET CLINIC SPECIFIED ON THE

EMERGENCY FORM IF THE SITUATION PERMITS HOWEVER; PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO HAS THE AUTHORITY TO SEEK TREATMENT AT ANY VETERINARY CLINIC.

FURTHERMORE, I AGREE TO REIMBURSE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO WITHIN 14 DAYS OF INCIDENT FOR VETERINARY FEES AND ALL RELATED COSTS INCLUDING TRANSPORTATION IN ANY AMOUNT UP TO \$_____ (PLEASE SPECIFY DOLLAR AMOUNT PER PET. COMMON AMOUNTS ARE \$200, \$1000, OR UNLIMITED).

THIS RELEASE DOES NOT EXPIRE AND WILL REMAIN VALID FOR ALL FUTURE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO SERVICES.

CLIENT SIGNATURE _____ DATE _____

PRINTED NAME _____