**Bed N Biscuit Inn, LLC MEDICAL RELEASE FORM**

4158 County Road 59 Emergency or After- Hours Vet Care

Keenesburg , Co 80643

 **If my dog becomes severely ill or injured while boarding, BNB, LLC is authorized to get my pet emergency care to diagnose and treat their condition. BNB, LLC will make every attempt to contact me and/or my emergency contact. In the event of an emergency and I cannot be reached, the Veterinarian and BNB, LLC is hereby authorized to treat the animal at his/her discretion with the stated limit for treatment as follows. The charges for any veterinary treatment will be applied to my account below. I authorize the Veterinarian to charge up to $\_\_\_\_\_\_\_\_\_\_ for the treatment and will provide credit card information below.**

Credit Card Type: Visa/ Master Card/ Discover/ American Express

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C/C #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CSV:3/4 digit code \_\_\_\_\_\_\_\_ EXP: \_\_\_\_\_\_

Card Holder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -------------------------------------------------------------------------------------------------------------

If my dog were to BLOAT during its stay at BNB, LLC-

Please Check One:

o **YES**- I want him/her to undergo emergency surgery and will provide credit card info above

o **NO-** **I DO NOT** want him/her to undergo emergency surgery -------------------------------------------------------------------------------------------------------------

If you choose **NOT** to leave credit card information you must read and initial the following:

\_\_\_\_\_If I choose **limited** treatment for my pet and this results in any adverse health or physical condition of my pet, BNB, LLC will not be held responsible in any way.

\_\_\_\_\_\_\_ If I choose **NOT** to have my pet taken for emergency care. I ask that you keep him/her

as comfortable as possible and do not hold BNB, LLC liable or responsible for non-treatment of my pet.

\_\_\_\_\_\_\_ If I choose **NOT** to leave my credit card information, I understand that BNB , LLC cannot bring my pet to the vet. If contact is attempted, but is not possible for whatever reason, I will accept the outcome of my pet’s welfare and release BNB, LLC of any responsibility.

PET OWNER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/ 2021 KENNEL REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_