



PERSONAL LIFESTYLE

CONCIERGE A gift of time!

DOG DAYCARE MEDICAL RELEASE FORM

Dear Client,

The safety and well-being of your pet(s) is of the highest importance to us at Personal Lifestyle Concierge. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously.

We do our best to have our pet parents screen for pre-existing conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is with us or participating in a service that we provide, it is imperative that we are able to get your pet immediate medical treatment.

In the event that a staff member deems that your pet is in need of immediate veterinary care, the following steps will be takes:

- We will make every effort to contact you through the phone numbers you have provided.
- If we are unable to reach you, we will transport your pet for veterinary care.
- If we are unable to reach you and we have deemed that your pet is in need of immediate attention, your pet will be taken to:

Quail Corners Animal Hospital
1613 East Millbrook Road
Raleigh, NC 27609
919.876.0739

Our goal is to get your pet medical attention as quickly as is reasonably possible. For that reason, we require all pet parents to acknowledge this form prior to your pet(s) stay or service at Personal Lifestyle Concierge.

I, _____ hereby authorize Personal Lifestyle Concierge, LLC., to seek medical attention for my pet(s) in the event that my pet(s) has a medical emergency and a staff member of Personal Lifestyle Concierge LLC, at his or her sole discretion, deems it necessary to seek the immediate attention of a licensed veterinarian. I further authorize Personal Lifestyle Concierge LLC, to seek medical care for my pet(s) at the **Quail Corners Animal Hospital**.

Owner's Signature: _____ Date: _____

Printed Name: _____

Emergency Contact: _____ Number: _____

Pet(s) Name: _____ Primary Vet: _____

Authorization to Seek Medical Attention

I, _____ as guardian/owner of _____,
Hereby authorize Personal Lifestyle Concierge, LLC to act as my agent in the event that Personal Lifestyle Concierge, LLC deems my pet(s) is in need of immediate medical attention.

I further agree that I will be responsible for any and all charges. I authorize up to \$ _____
as needed for emergency services to safeguard the well-being of my pet(s).

Guardian/Owner Signature: _____ Date: _____