4603 William Penn Highway Murrysville, PA 15668 www.WalkersPetHoTail.com



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## **Medical Emergency Instructions**

Owner's Name:		Date:	
Pet's Name:	Breed:	Age:	
I authorize Walkers Pet HoTail to make medical decivererinary/medical care during their stay.	isions for my pet(s) s	hould they require	(Initials)
I agree that all veterinary/medical services and produce reimbursed in full on the day of checkout. ( <i>The costs may include, but are not limited to, the cost of medicatransportation to a different veterinarian facility, as</i>	s and fees associated rations, vaccinations,	with these products and service administration of medicines,	(Initials)
If necessary, I authorize Walkers Pet HoTail to trans			(Initials)
Except as stated below in "Other Instructions", I auth my pet, and to bill me directly for any required service		r all expenses necessary to treat	(Initials)
On behalf of myself, my executors and heirs I he indemnify them against any claim for recognizin my treatment instructions in good faith.			
Other Instructions (list any treatment or financial res	strictions):		_
If the vet feels euthanasia is appropriate, I authorize the vet to proceed I do not authorize the vet to proc	ceed	(Check one)	_
In the event my pet passes away, I authorize Hold my pet's remains until I picl Transport my pet's remains to a v Hold my pet's remains ur Cremate my pet's remain Dispose of my pet's remain	k them up vet and have them: ntil I provide instruct as	( <i>Mark appropriate box(es)</i> ) ions. d the ashes for me not keep the ashes for me.	

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These instructions remain in effect for future visits unless you notify Walkers in writing of any changes.