

MARKIM PET RESORT EMERGENCY CONTACT FORM

EMERGENCY CONTACT AND PET RELEASE AUTHORIZATION YEAR _____ Pet's Name: _____ Last Name: _____

Information may be added at any time. If information needs to be changed/updated, completion of a new form is required. THIS FORM EXPIRES 24 MONTHS FROM DATE OF SIGNATURE.

SEX (circle intact or spayed/neutered)	WEIGHT	AGE	VACCINES AND EXEMPTIONS/TITERS:
<input type="radio"/> M (INTACT/NEUTERED) <input type="radio"/> F (INTACT/SPAYED)			I UNDERSTAND THAT A 6 MONTHS BORDETELLA IS REQUIRED BY THE RESORT FOR ALL OF OUR SERVICES _____ INITIAL YEARLY EXEMPTION/TITER LETTER REQUIRED? <input type="radio"/> YES <input type="radio"/> NO If YES, name shot(s) _____
EMERGENCY MEDICAL INFORMATION:			

ALLERGIES (FOOD/ENVIRONMENTAL):

DRUG ALLERGIES:

HEALTH CONDITIONS:

OTHER SPECIAL NEEDS:

HANDLING INSTRUCTIONS (i.e. leash aggressive, toy possessive, does not like other dogs, go slow, feed with caution, etc...)

ADDRESS: STREET		CITY	STATE	ZIP
OWNER/GUARDIAN 1	MAIN	OTHER		EMAIL
OWNER/GUARDIAN 2	MAIN	OTHER		EMAIL

List at least three (3) additional emergency contacts – For the safety of your pet, we will ask all individuals authorized to pick up your pet that our staff is not familiar with to show I.D. at the time of pickup.

1. _____ Home Phone _____ Work Phone _____

Address _____

Relationship to owner _____

2. _____ Home Phone _____ Work Phone _____

Address _____

Relationship to owner _____

3. _____ Home Phone _____ Work Phone _____

Address _____

Relationship to owner _____

MEDICAL EMERGENCY RELEASE

Vet's Name _____ **Vet's Phone** _____

It is understood that in some medical situations the staff will need to contact the local emergency resource before the owner, pet's vet and/or other adult acting on the owner's behalf can be contacted.

In cases the Resort is unable to contact me, (the owner) or any of my emergency contacts; I give do not give permission to MARKIM PET RESORT to transport my pet for treatment

to _____ or The Vet. Specialty Hospital and follow the instructions I have pre-set in case of a medical emergency. _____Initial

If my Vet is not available, please transport to The Vet. Specialty Hospital YES NO _____Initial

Take all measures needed in order to prolong my pet's life YES NO _____Initial

OWNER'S NOTES/COMMENTS: _____

SIGNATURE: _____ DATE: _____