



**Vet Information**

Name of Vet / Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

This facility offers emergency service after regular hours: Y N

**Name of After-Hours Facility, if different than above** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Proof of current vaccinations:**

Dogs	
<b>Rabies</b>	1 or 3 year
<b>DHLPP</b>	1 year
<b>Bordetella</b>	Every 6 months; Intranasal

Cats	
<b>Rabies</b>	1 or 3 year
<b>FeLV</b>	1 year
<b>FVRCP</b>	1 year

I understand that in the event of an emergency, Memorial Pet Lodge 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 Memorial Pet Lodge 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; Memorial Pet Lodge has the authority to seek treatment at any veterinary clinic. Furthermore, I agree to reimburse Memorial Pet Lodge for veterinary fees and all related costs including transportation prior to pick-up or at the time of pickup of my pet(s).

This release does not expire and will remain valid for all future Memorial Pet Lodge services.

Printed Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_