



Doggie Day Care & Boarding

8102 Lemont Road  
Suite 600  
Woodridge, IL 60517

Phone: (630) 541-3617  
Fax: (630) 541-6398  
Web: [www.dogtasticfun.com](http://www.dogtasticfun.com)



### MEDICAL TREATMENT AUTHORIZATION

This is a required form for all Dogtastic Fun, LLC participants receiving services.

First and foremost the safety and well-being of your dog(s) is of the highest importance. Insuring that your dog(s) remains safe and well cared for is our first responsibility and as such we take it very seriously. In the event that a medical emergency arises while a dog is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your dog will then be rushed to that facility for treatment. In order to avoid any delays in medical treatment we notify the owner after we have secured the treatment facility. Our goal is to get your dog(s) medical attention as quickly as humanly possible.

I understand that in the event of a medical emergency that Dogtastic Fun, LLC, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Dogtastic Fun, LLC to seek medical attention at the closest available veterinary facility. I further understand and agree that I am financially responsible for any and all medical treatment my dog(s) receive as a result of a medical emergency while attending services provided by Dogtastic Fun, LLC.

\_\_\_\_\_ **Owner Name (Print)**

\_\_\_\_\_ **Owner Signature**

\_\_\_\_\_ **Pet's Name(s)**

**Date:** \_\_\_\_\_

It is further understood and agreed that Dogtastic Fun LLC, and the selected provider of veterinary services may charge my credit card listed below for the full cost of said veterinary, transportation, and related medical services.

#### CREDIT CARD INFO:

**Type:**       VISA                       MASTERCARD                       DISCOVER

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CCV Number** (last 3 digits on back of card): \_\_\_\_\_

**Print Name as it appears on card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_