

BOARDING MEDICAL TREATMENT PLAN

Owner's Name(s): Pet's Name:		Primary Phone Number:	
			Breed:
	Welcome to our b	ooarding and daycare department!	
	We are happy and humble	ed that you have entrusted your pet's care to	
	Animal (Care Center of Green Valley!	
unique opportun	ity to have access to immedi	vices, we also offer veterinary services. This gives your pets a ate veterinary care and supervision should they need it during o be in place so we can honor your medical wishes.	
stress can trigger such as diarrhea, these situations a	underlying medical issues. To life threatening condition are rare, but because we have we will address them as deen	seem, being away from home is always a stressful event. That there is a wide range of possibilities from minor medical issues a such as bloat or urinary obstructions. Please remember that e experienced them in the past, and we do have access to ned appropriate by our medical staff. We will not allow any	
-	•	ediately. In the event that we cannot reach you or your n place so we can care for your pet as you would choose if you	
Having read and	understood the information	above, I agree to the following plan (please select one):	
If I or my emerge pet:	ency contact cannot be reach	ned, I authorize Animal Care Center of Green Valley to treat my	
up to \$	in treatments and	in treatments and medications	
as if it were	our own. I agree to any and	all fees necessary for any treatment including minor treatment	
and lifesaving me	easures if necessary.		
Signed:		Date:	
ACC Boarding Personnel		Date:	

□ Date: ___

This plan is in effect until: \square Revised