

**Sauk Prairie Small Animal Hospital
And
Shamrock Pet Resort
Daycare Emergency Care Permission**

I/we the undersigned, give Shamrock Pet Resort permission to seek veterinary care/treatment at the Sauk Prairie Small Animal Hospital (SPSAH) in the event of an emergency.

This facility has my/our permission to administer any care/treatment deemed necessary. I/we will be solely responsible for all payments, in full, incurred at this facility. I/we also understand and agree that certain emergencies may require treatment before we are contacted.

Rough-housing

There is inherent rough-housing play. All dogs are screened and watched for aggression, but fights can still occur. It is also possible for a puncture wound to happen during play session. In the event of a fight or injury, if needed, we will attempt to contact you and we will provide treatment at the Sauk Prairie Small Animal Hospital and will bill you for the fees. We always attempt to contact the owners or emergency persons before providing any medical attention but will provide emergency service as necessary if we are unable to contact you. Please be sure we have a current emergency number on file.

Please contact _____ in the event of an emergency at

Home phone _____ Day phone _____ Cell _____

2nd phone _____

Alternate Emergency Contact: _____ Phone: _____

Current Veterinarian: _____ Phone: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

SPSAH Signature: _____ Date: _____