



EMERGENCY MEDICAL CARD

CLIENT

Ref. Client	
Name	
Contact details	

To be completed by The client

EMERGENCY CONTACTS - IN CASE WE ARE UNABLE TO REACH YOU

	First person	Second person
Name		
Address & Telephone		
Relationship to owner		
Is (s)he able to make a decision about medical care if you cannot be reached	Yes / No	Yes / No
- details -		

Client's initials: _____

En Route to Wagging Tails

DOG

Name			
Breed		Age	Sex
			Male / Female
Date of Birth	Weight	Size	Neutered
			Yes / No
Micro-shipped	Yes / No	Number:	
Dog Insurance	- details -		
Yes / No			
Health conditions			
Limited or impaired sensory function	Yes / No		
Allergies	Yes / No	- Details -	
Vaccinations	- Yes / No -	Date	
Annual shots	Yes / No	/	/ 201
Kennel Cough	Yes / No	/	/ 201
Rabies	Yes / No	/	/ 201
Worming	Yes / No	/	/ 201
Anti Flea	Yes / No	/	/ 201
Medication	Yes / No		
- name - dosage - - frequency -			

Client's initials: _____



Past or present medical conditions - Details -	
Other Special care Injuries or sensitive spots Dietary restrictions Reactivity to vet...	

VETERINARY CLINIC DETAILS

Name		
Address		
Telephone		
Preferred vet		
Business hours	Week days	
	Saturdays	
Closed on	Sundays	
-----	Public Holidays	
In case of non availability of your usual vet, please name a second one		

Out of hours / Emergency services	Yes / No	Telephone number:

Client's initials: _____

In case your usual Vet Clinic is closed, where should we take your dog	
Name	
Address/Telephone	
Other	

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Client's initials: _____



CONTRACTUAL AGREEMENT IN RELATION TO MEDICAL CARE

1. **LEBO'S FRIENDS DOG WALKING** is authorised to act on my behalf, and in my dog's best interests in matters of health and wellbeing.
2. In the event that any of my dogs appears to be ill, injured, or at significant risk of experiencing a medical problem, at the start of the service or while in the care of **LEBO'S FRIENDS DOG WALKING**, I hereby give permission to seek the service of a veterinarian or a veterinary clinic, for any medical care deemed necessary, with release from all liabilities related to transportation, treatment and expenses.
3. **LEBO'S FRIENDS DOG WALKING** is authorised to approve medical and/or emergency treatment (including diagnosis and treatment but excluding euthanasia) as recommended by a veterinarian up to the amount of € _____.
- ⇒ I ask **LEBO'S FRIENDS DOG WALKING** to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of € _____ per dog.
4. I attest that my dog(s) is/are up-to-date on all vaccinations and that (s)he/they do(es) not suffer from any life threatening or contagious conditions that may be exacerbated by exposure to other pets, or expose other animals to unnecessary risk while in **LEBO'S FRIENDS DOG WALKING's** care.
5. I understand that **LEBO'S FRIENDS DOG WALKING** reserves the right to cancel the service at any location where there is a pet with a potentially infectious condition.
6. I also agree to notify **LEBO'S FRIENDS DOG WALKING** of any signs of injury or possible illness before any visit as soon as the condition appears. Failure to do so will be deemed a material omission amounting to a fundamental

Client's initials: _____

breach of this agreement, and may release *LEBO'S FRIENDS DOG WALKING* of its duty and entitling *LEBO'S FRIENDS DOG WALKING* to cancel services with immediate effect, without compensation.

7. I understand that *LEBO'S FRIENDS DOG WALKING* takes every care to prevent accidents and injuries, but that such problems may occur no matter how well a pet is cared for.
8. I understand and agree that any health problem that develop with my dog(s) will be treated as deemed best by *LEBO'S FRIENDS DOG WALKING* and that *LEBO'S FRIENDS DOG WALKING* will do its best to contact me regarding any treatment, illness, injury, or potential problem.
9. I authorise emergency medical care to be provided by one of the named veterinarians, or an appropriate alternative to be determined by *LEBO'S FRIENDS DOG WALKING* in the event that my regular veterinarians are not available or that closer care is required.
10. I further authorise *LEBO'S FRIENDS DOG WALKING* and my primary veterinarian(s) to share all of the medical records of my dog(s) with other veterinary clinics in an emergency in the interest of providing the best care.
11. I understand that *LEBO'S FRIENDS DOG WALKING* can assume no responsibility for the actions and decisions of the veterinary staff and cannot be held responsible for the result of the veterinary treatment or the loss of my dog(s).
12. I further agree to assume full responsibility upon my return for payment / reimbursement for the cost of any and all veterinary and other reasonable and necessary services, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding, where costs may be incurred or borne by *LEBO'S FRIENDS DOG WALKING* for any charges related

Client's initials: _____



to emergency care.

Such payment will be made within 7 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by **LEBO'S FRIENDS DOG WALKING** for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 7 days of any incident.

13. I have been advised to place a credit card on file with my veterinarians of choice, as **LEBO'S FRIENDS DOG WALKING** cannot be held responsible for paying any veterinarian cost, and because most veterinary clinic will not treat pets without prior payment arrangements.

My Bank Card Number is _____

Type of Card _____ / Expiration Date _____

14. I hereby authorize the veterinarian or veterinary clinic to charge this bank card according to the limits stated above.

This CONTRACTUAL AGREEMENT IN RELATION TO MEDICAL CARE is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time **LEBO'S FRIENDS DOG WALKING** cares for my dog(s).

In signing this contract, I agree that I have sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Date _____

Client's Name _____

Client's Signature _____



TO THE VETERINARY SURGERY

1. During my absence **LEBO'S FRIENDS DOG WALKING** will be caring for my dog(s). I hereby confirm that I _____, the owner of the named dog(s) authorise **LEBO'S FRIENDS DOG WALKING** to act as guardian and to take any action considered necessary in order to protect and keep my dog(s) in good health.

I also give **LEBO'S FRIENDS DOG WALKING** permission to transport my dog(s) to your surgery and to approve diagnosis and treatment up to € _____.

2. I authorise you to treat my dog(s). I do further confirm that I will be responsible for any costs which might be incurred, either veterinary or other, as a result of any sickness, accident or damage caused to or by my dog(s) and that I will pay any such costs or expenses on demand.
3. In the event of surgery **LEBO'S FRIENDS DOG WALKING** will accept the advice of the veterinary surgeon. In this situation, I wish / do not wish to be notified before my planned return. My contact number is _____.
4. If the cost of treatment is likely exceed the amount **LEBO'S FRIENDS DOG WALKING** has permission to approve, the veterinarian clinic will make every effort to contact me or the emergency contacts prior to any action.
5. In the event of needed / recommanded euthanasia, the veterinarian clinic will make every effort to contact me prior to any action.

If I cannot be reached, I wish my dog to be maintained on palliative medication until my return, the vet to proceed with the euthanasia.

6. I understand that **LEBO'S FRIENDS DOG WALKING** assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and other expenses.

Client's Name & Signature _____ / _____

Veterinarian's Name & Signature _____ / _____

Please provide three copies, one for each party

Vet's initials: _____



EMERGENCY MEDICAL CARE

To be completed by the veterinarian

Name	
Telephone	
Address	

Date(s) of service _____

Time of service _____

Observations	
Procedures performed	
Findings	
Treatment provided	
Additional tests/examination recommended	

Vet's initials: _____



Medication	
Postoperative activity	
Follow-up recommended	
Cost	
Other	

Vet's Signature _____

<input type="checkbox"/> Comments/notes:

LEBO'S FRIENDS
DOG WALKING



EMC - 11 / 11