

Emerald Valley Pet Medical Center
3880 West 11th Ave
Eugene, OR 97402
(541) 484-1414



Boarding Emergency Release Form

Pet: _____

Sex: _____

Age: _____ *Years*

Color: _____

Breed: _____

Client: _____

Address: _____

Phone Number:() _____ - _____

Today's Date: _____

Emergency Information:

In the unlikely event of a medical emergency, do you wish us to contact you, your local emergency contact for immediate transport of my pet(s) or would you prefer us to transfer pet(s) to the hospital at Emerald Valley Pet Medical Center?

_____ Contact me immediately
at: _____

_____ Contact my local authorized agent:

Primary Local Emergency Contact :

Name _____

#1 Number: _____ #2 Second
Number: _____

Secondary Local Emergency Contact:

Name _____

#1 Number: _____ #2 Second
Number: _____

_____ I hereby authorize Emerald Valley Pet Medical Center to act as my agent and to furnish pet(s) with veterinary care and to provide essential medical services.

_____ I understand that, in the event of a medical emergency, if Emerald Valley Pet Medical Center is unable to contact me or my local emergency agent, they will provide necessary emergency medical care for pet(s).

Please DO NOT exceed \$_____.00 in treating pet(s) _____ (initials)

Please DO NOT pursue heroic measures, defined as CPR or Respiratory Life Support (intubation) in the treatment of pet(s) . _____ (initials)

I agree to pay all fees relating to boarding and routine and emergency medical care upon my return. If Emerald Valley Pet Medical Center pursues collections proceedings, I will pay its reasonable attorneys fees and costs of collections.

I have read and understand all of the above.

Owner's signature: _____

Date: _____

Owner's printed name: _____

Witness for Emerald Valley Pet Medical
Center: _____