

MEDICAL EMERGENCY TREATMENT ADDENDUM FOR: _____ (Pet Name)

Note: By signing our boarding contract you have agreed to Section 4B regarding medical treatments. In an extreme medical emergency where your pet is suffering and neither you nor your designate can be reached, the HPH contract will take precedence. If your pet becomes ill, you cannot avoid veterinary care or costs. We cannot accept pet(s) for boarding without the contract signed.

The information below is to assist us in the medical care decisions and to attempt to adhere to your wishes if a medical emergency should arise while your pet is boarding. If you have multiple pets or there are major differences in ages, please fill out one form for each pet. This form remains in effect until YOU ask to change it.

In the event of a life threatening, typically internal, medical emergency, such as: tumors, heart, kidney, gastro-intestinal ulcers or bloat; HPH will transport your pet to the closest Veterinary Clinic for immediate treatment. This type of emergency usually requires immediate decisions and actions, and can be costly. We will attempt to contact you as soon as we have information regarding your pet's condition. We cannot guarantee that we will reach you before a decision must be made. We know you are concerned about your pet and the cost of treatment and we want you to know we will do everything possible to act on behalf of both you and your pet. From experience we have found:

- With cell phones and voice mail systems, we reach people directly, less than 20% of the time. We may not get a response from you or your designate, for more than 12 hours. Please give us a "land line" contact if possible, each time you board.
- When we contact a 'designated contact' they are uninformed as to the owner's wishes and are hesitant to make decisions without talking to you. Please discuss your wishes with them, before boarding, so that they may make educated decisions on your behalf.
- In extreme cases, if a pet is in pain, or without immediate action a pet's condition could worsen quickly, or a pet might die; and we are unable to contact you directly, we must make decisions to relieve suffering and provide treatment or surgery on your behalf.

THEREFORE WE WANT YOU TO CONSIDER THE FOLLOWING CAREFULLY:

1. If I cannot be reached, I designate HOLIDAY PET HOTEL or: _____ (print)

Day Phone(____) _____ Evening Phone: (____) _____

Relationship: _____ I have discussed my wishes with and informed this person that they are to make critical decisions on my behalf for my pet, including authorizing surgery and/or euthanasia.

Alternate Contact: _____ Phone: _____

2. I prefer to keep the costs of treatment: Any dollar amounts will be used as a guideline only.

Under \$500.00

Under \$1000.00

Under \$2500.

No Limit

3. Pet Owner's Signature: _____ Date: _____

Please Print Last Name: _____

Euthanasia Release:

If my pet is suffering, or his/her prognosis, even with treatment or surgery, is poor, or the veterinarian cannot stabilize my pet to make him comfortable, and if HPH has tried in good faith to reach me, or my designate for a decision, I hereby give the attending veterinarian permission to provide humane euthanasia for my pet:

Pet's Name (print): _____; Owners Name (print): _____

Pet Owner's Signature: _____ Date: _____