

PAWS IN FLUX



Emergency Form

Pet's Name _____ **Date of Birth:** _____ **Gender:** Male Female

Name of Parent: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name of Emergency Contact Person: _____

Relationship to Dog _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Veterinarian's Name: _____

Address: _____

Phone: _____

Is the dog taking any prescription medicine? Yes No

If Yes, Indicate instructions for medication, name and dosage _____

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Emergency Care:

At Paws In Flux LLC. we will go the extra yard to ensure the safe keeping of all the Dogs/animals under our care. However in the event of an emergency we will do everything possible to obtain the right treatment for your dog in a timely manner. If during this time we are unable to reach you for any reason we reserve the right to make decisions on behalf of your dog medical treatment. Clients are fully responsible for any medical expenses/ veterinarian bill that may occur as result of your dog's need of attention.

I hereby authorize Paws In Flux and its personnel to administer the following oral/topical medication to my dog as indicated above. Paws In Flux and its employees shall not be responsible for any reactions or conditions as result of administering the mention medications.

Parent/Guardian Signature: _____

Date: _____