

Kessler Kennel Farms, LLC
42 Copper Hill Road
East Granby, CT 06026
860-653-3206

MEDICAL RELEASE FORM
EMERGENCY (AFTER HOURS) VETERINARIAN CARE (365/24/7):

CT Veterinary Center 470 Oakwood Avenue West Hartford, CT 06110 860-233-8564	New England Veterinary Center & Cancer Center 955 Kennedy Road Windsor, CT 06095 860-688-8400	Veterinary Emergency Center 135 Dowd Avenue, Canton, CT 06019 860-693-6992
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If my dog becomes severely ill or injured, Kessler Kennel Farms, LLC is authorized to bring my pet to one of the above veterinarians to diagnose and treat their condition if my local Veterinarian is not available due to office being closed or distance to that location. The Veterinarian is to call me or authorized emergency contact to treat. If I am unavailable and this is an emergency, the Veterinarian and Kessler Kennel Farms, LLC is hereby authorized to treat the animal at his/her discretion with the stated limit for treatment as follows. The charges for any veterinary treatment will be applied to my account below. I authorize the Veterinarian to charge up to \$_____ for the treatment.

Please Check One:

IF MY DOG WERE TO BLOAT DURING ITS STAY AT KESSLER KENNEL FARMS LLC

- I want him/her to undergo emergency surgery
- I DO NOT want him/her to undergo emergency surgery

If limited or non-treatment of my pet results in any adverse health or physical condition of my pet, Kessler Kennel Farms, LLC will not be held responsible in anyway.

Credit Card Type: Visa/ Master Card/ Discover/ American Express

Name on card: _____

C/C #: _____ CSV:3/4 digit code _____ EXP: _____

Card Holder Signature: _____

_____ I choose not to have my pet taken for emergency care. I ask that you keep him/her as comfortable as possible and do not hold Kessler Kennel Farms, LLC liable or responsible for non-treatment of my pet.

_____ I do not want to leave my credit card information and want to be contacted but fully understand and accept that if contact is not possible for whatever reason I will accept the outcome of my pet's welfare and release Kessler Kennel farms, LLC of any responsibility.

Pet Owner Signature _____ **Kennel Rep** _____ **Date** _____