

KESSLER KENNEL FARMS, LLC

42 Copper Hill Road
East Granby, CT 06026
860-653-3206

MEDICAL RELEASE FORM

Emergency or After-Hours Veterinary Care
365/24/7

If my dog becomes severely ill or injured while boarding, Kessler Kennel Farms, LLC is authorized to get my pet emergency care to diagnose and treat their condition. Kessler Kennel Farms, LLC will make every attempt to contact me and/or my emergency contact. In the event of an emergency and I cannot be reached, 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 and will provide credit card information below.

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

Name on card: _____

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

Card Holder Signature: _____

If my dog were to BLOAT during its stay at Kessler Kennel Farms, LLC-

Please Check One:

- YES- I want him/her to undergo emergency surgery and will provide credit card info above
- NO- I DO NOT want him/her to undergo emergency surgery

If you choose NOT to leave credit card information you must read and initial the following:

_____ If I choose limited treatment for my pet and this results in any adverse health or physical condition of my pet, Kessler Kennel Farms, LLC will not be held responsible in any way.

_____ If 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.

_____ If I choose NOT to leave my credit card information, I understand that Kessler Kennel Farms, LLC cannot bring my pet to the vet. If contact is attempted, but 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: _____ DATE: ____/____/ 2020

KENNEL REPRESENTATIVE: _____ DATE: ____/____/ 2020