

Medical Release Form

This is a required form for all Ruff Resort & Spa participants.

The safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and we take it very seriously. In the event that a medical emergency arises while a pet is at our facility, it is imperative that we are immediately able to seek medical treatment at the closest available veterinary office. In the event that this happens to your pet(s), we will call ahead to the vet's office to ensure they can treat the situation. The pet will be taken to the closest facility available, even if it is not their primary veterinarian's office. The owner of the pet will be notified as to where the pet is being taken. The owner of the pet will be financially responsible for any and all medical treatment that is provided.

I understand that in the event of a medical emergency that Ruff Resort & Spa, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Ruff Resort & Spa to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while attending Ruff Resort & Spa.

Owner Name _____

Pet(s) Name _____

Owner Signature _____ Date _____

Witness Signature _____ Date _____