



**Love My Doggy  
Day Care™**

## **Medical Release Form**

Please sign, scan and email the completed form to

**[info@lovemydoggydaycare.com](mailto:info@lovemydoggydaycare.com)**

You can also bring it to our office before your pet's first day. Please be sure to check for accuracy and completeness to ensure admittance.

5120 Butler Pike  
Plymouth Meeting, PA 19462



[info@lovemydoggydaycare.com](mailto:info@lovemydoggydaycare.com)  
844-705-LOVE (5683)  
[www.lovemydoggydaycare.com](http://www.lovemydoggydaycare.com)



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Day Care™**

## Medical Release Form

**This is a required form for all Love My Doggy Day Care participants receiving services.**

The safety and well-being of your pet(s) are of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and we take it very seriously.

We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are able to get them immediate medical treatment at the closest available facility.

We will call ahead to the veterinary offices in closest geographic proximity to us to confirm they can handle the emergency. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured medical treatment for the animal to avoid delays in care or treatment. Our goal is to get your pet medical attention as quickly as possible.

For that reason, we require our pet parents sign this form.

I understand that in the event of a medical emergency, **Love My Doggy Day Care** at its sole discretion can act to secure the immediate attention of a licensed veterinarian. I authorize **Love My Doggy Day Care** 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) receives as a result of a medical emergency while attending services provided by **Love My Doggy Day Care**.

Signature of Owner \_\_\_\_\_  
sign or type name

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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