



Pet  
Owner(s): \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

\_\_\_\_\_  
(Please list **all** your pets that you give permission to have treated in the case of emergency.)

**ACKNOWLEDGEMENT OF “WAGS!” POLICIES**  
**&**  
**MEDICAL DISCLAIMER/PERMISSION FORM**

IN THE CASE OF AN EMERGENCY, WE WILL FIRST MAKE AN ATTEMPT TO CONTACT YOU. IF YOU DO NOT ANSWER, WE WILL CONTACT THE PERSON(S) YOU HAVE LISTED FOR EMERGENCY PURPOSES ON THE INFORMATION SHEET YOU COMPLETED. WE WILL ALWAYS TRY TO USE THE VET OF YOUR CHOICE FIRST, LISTED BELOW. IN THE EVENT YOUR VET IS NOT AVAILABLE, THEN WE WILL TAKE YOUR PET TO THE 1<sup>ST</sup> AVAILABLE VET THAT CAN RENDER MEDICAL SERVICES. YOU ALSO UNDERSTAND THAT YOU, AS A PET OWNER, YOU ARE RESPONSIBLE FOR MEDICAL CHARGES THAT ARE INCURRED DURING THIS PROCESS. IF THE CAUSE OF THE EMERGENCY VISIT IS FOUND TO BE IN DIRECT FAULT OF “WAGS!”, THEN WE WILL BE FINANCIALLY RESPONSIBLE FOR TREATMENT. THIS DOES NOT INCLUDE STRESS RELATED ISSUES, AS BOARDING YOUR PET CAN CAUSE THEM TO NATURALLY STRESS (DEPENDING ON THEIR PERSONALITY), AND COULD LEAD TO MEDICAL ISSUES. ALTHOUGH VACCINES ARE REQUIRED FOR PETS STAYING AT “WAGS!”, “WAGS!” AND/OR EMPLOYEES ARE NOT RESPONSIBLE FOR PETS WHO MAY SHOW SIGNS OF DISTEMPER/PARVO, KENNEL COUGH, OR RABIES, DURING OR AFTER THEIR STAY, AS NO VACCINE IS 100% EFFECTIVE. BY SIGNING BELOW YOU GIVE PERMISSION TO HAVE YOUR PET(S) TREATED, YOU ACKNOWLEDGED AND AGREE TO WHAT IS STATED ABOVE, AND YOU AGREE TO COMPLY AND ABIDE BY “WAGS!” TERMS AND POLICIES PROVIDED TO YOU IN YOUR “WELCOME” PACKET.

X \_\_\_\_\_  
(SIGNATURE OF PET OWNER) DATE

\_\_\_\_\_  
(VET OF CHOICE)

THANK YOU,

\_\_\_\_\_  
HEIDI URESTI-SANCHEZ Wags! OWNER DATE