Jackpot Veterinary Center



(520) 999-3888

6745 N. La Cañada Dr.

Tucson, AZ 85704

**Boarding Treatment Plan**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission for Jackpot Veterinary Center to administer medical treatment to my pet, <Pet’s Name>, in the event of injury and/or illness. By signing this document, I am agreeing to pay for any medical services rendered that fall under the care I have selected. I have been made aware that in the case of a medical emergency, lifesaving medical treatment will be provided to make my pet stable until I can be contacted for further permission to treat.

The Boarding Facility will take all necessary precautions to keep my pet safe and healthy while in their care. I understand that injuries and illness can still occur, and I will not hold Jackpot Veterinary Center responsible for any injuries or illness my pet may incur while in their care. These can include but are not limited to: kennel nose, hot spots, kennel cough, internal or external parasites, infectious diseases, bite wounds, or scratches.

Below is listed the treatment plan I have selected for my pet. I agree to the terms set forth, and will alert the Boarding Staff if I would like to make any changes to this agreement prior to my pet’s boarding stay. Any medical treatments costs will be added to my boarding estimate charges and will be due at the time of pick-up. Please select one:

I would like to be contacted with an estimate before any medical treatment is provided. In the case where I cannot be contacted, I give permission to my emergency contact to make medical and financial decisions on my behalf. [ ]

Please treat my pet up to $     . Any additional charges must be approved by myself or my approved contact. [ ]

I would like my pet to be treated to the utmost of your abilities. I agree to all charges, due at the time of pick-up. [ ]

Alternate: In the case I cannot be reached, and it is deemed the most humane decision by the Veterinary Staff, I elect to humanely euthanize my pet. [ ]

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| Print Name: |
| Signature:  |
| Phone Number:  |
| Emergency Contact Name:  |
| Emergency Contact Phone Number:  |