

Veterinary Treatment Authorization



This form will be retained on file and will be used to authorize veterinary treatment in the event that your dog(s) requires treatment during your absence, while in our care, and we are unable to contact you at the time. Should you change veterinarians please notify us before service dates. This form **MUST** be signed.

Owner's Name: _____

Home phone: _____ **Work phone:** _____

Cell/Pager: _____ **Other:** _____

Emergency Contact who is authorized to make decisions on your dogs' behalf:

NAME: _____

CONTACT'S PHONE NUMBERS: _____

To whom it may concern: During my absence a representative of **Top Dog Inn, LLC** will be caring for my dog(s). I give **Top Dog Inn, LLC** my permission to transport my dogs to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize **Top Dog Inn, LLC** to act as an agent on my behalf regarding my dogs' medical care. I accept full responsibility for charges incurred in the treatment of my dog(s), not to exceed the following amounts for each dog:

Dog's Name & Description	Maximum Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ Please check here if additional dogs are listed on the reverse side

Top Dog Inn, LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will still be helpful if the clinic we utilize requires documentation from your primary clinic.

Owner's Primary Veterinary Clinic/ Vet: _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

In the event of my dog's death during my absence, please make the following arrangements: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that **Top Dog Inn, LLC** assumes no responsibility for the loss of any dog and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, or I will be available by phone to authorize any and all charges for veterinary care of the above named dogs.

Signed: _____ **Date:** _____

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Fecal Policy: Your dog's health and well-being are our top priority. The dogs that we are privileged to have stay with us truly become our family. Instead of spending their days in crates or pens they have access to free play both indoors and out. Our dogs often play together where they may be in close contact with one another. As always we use the best and most effective disinfecting products available both here at home and on the road.

With the prevalence of internal parasites such as giardia and coccidia in the canine community at large, we will continue with the following policies in order to minimize the possibility that they are brought into our group by a new dog:

- 🐾 Any new dog that joins our family must have a fecal clearance (Ova/Parasite **and Giardia Elisa**), obtained within the previous 30 days, that confirms there are no intestinal parasites including Giardia.
- 🐾 Any returning dog that visits must have a yearly fecal clearance (Ova/Parasite **and Giardia Elisa**), that confirms that there are no intestinal parasites including Giardia.
- 🐾 With the owner's knowledge and at the owner's expense, we may conduct routine fecal exams as circumstances warrant.

We know that our clients are special people who want only the best for their dogs. We also recognize that it is nearly impossible to completely prevent an outbreak of any of these parasites as they can be lurking anywhere, and certainly dog shows and dog parks are prime areas of contamination. But we do want to minimize the possibility of any new dog coming in with a problem that adversely affects the dogs that are already in our care. I have no doubt that screening is beneficial to the new dog as well, due to the fact that some dogs can have normal stools yet still harbor parasites that are detrimental to their own health, as well as to the health of the other dogs and even the people around them. Therefore regular screening for these parasites is in everyone's best interest. Please feel free to contact me at any time with any questions or concerns.

Sincerely,
Tracy Lynn Carroll