

This form is required for all Tail Country Pet Resort, LLC (TCPR) dogs that participate in daycare, training and overnight boarding guests. The welfare and safety of your dog(s) is of the utmost importance to the staff at Tail Country Pet Resort. If a medical emergency should arise while your dog is attending daycare, training or boarding at our facility, it is critical that we are able to provide medical treatment quickly. We will first attempt to contact you, then your emergency contact person in the event of an emergency.

We will do everything possible to take your dog to his/her personal veterinarian. However, if we are unable to see your vet, Tail Country Pet Resort has planned for emergency medical care with the following veterinary hospitals:

Leader Heights Animal Hospital 199 Leader Heights Road York, PA 17402

Phone: 717-741-4618

Animal Emergency & Referral Center of York 1640 S. Queen Street

York, PA 17403

Phone: 717-767-5377

Mason Dixon Animal Emergency Hospital

96 Sofia Drive, Suite 203 Shrewsbury, PA 17361 Phone: 717-432-6030

In the event of a medical emergency, I agree to allow TCPR to seek medical care from either of the above veterinary hospitals. I also agree to allow TCPR to transport my dog to the medical facility. I further agree that I will be financially responsible for any medical treatment my dog(s) receives as a result of a medical emergency while attending daycare or boarding at TCPR. In addition, I will agree not to hold TCPR, or any agent thereof, liable for the outcome of such treatment. Unless TCPR staff is found to be negligent in our actions, TCPR cannot be found responsible for the cause of any accident or injury.

accident of injury.	
Authorization is given to spend the following amount for	medical care:
□ Up to \$250 □ \$250 to \$500 □ \$500 to \$750 □ \$750 to	\$1000 □Unlimited
Authorization is given for CPR to be performed in a life sustaining emergency:	
□ Yes □ No	
Signature of Owner	Date
<u> </u>	

Name of Dog(s)

Revised: 10/2022

Print Owner's Name