

Stonebridge Kennels

6142 Burr Oak Rd.
Roscoe, IL 61073
815-623-3000
stonebridgekennels.net

Authorization for Emergency Medical Treatment

This authorization is expressly intended to allow Stonebridge Kennels to obtain medical care for my dog(s) as they determine is required, and I accept responsibility for medical costs incurred.

I (we) the undersigned owner(s) of _____, my/our dog(s) do hereby authorize and consent to such medical services or care which are necessary or appropriate for my dog(s), including selection of veterinary personnel and facilities and transportation/transfer of my dog(s) to such facilities and in connection with such treatment, services, and/or care, to authorize and consent in my (our) name(s) and on my behalf to be necessary for the life, health, or well being of my dog, after reasonable consultation with duly licensed veterinarians. **It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment to my (our) dog(s), but that any of the above treatment will not be withheld if the undersigned cannot be reached.** It is understood that I (we) will be financially responsible for any expenses incurred up to the total amount of \$_____. My signature below authorizes the use of my credit card for said purpose. This authorization shall remain in effect for all visits unless a new one is signed.

Owner's printed name(s): _____ Date: _____

Signature: _____

Signature: _____

Credit card#: _____ Exp. date: _____

Visa: _____ Master Card: _____