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 $_____. If I (we) choose not to specify a dollar limit on veterinary care for my pet, I (we) understand that Stonebridge Kennel's staff, in conjunction with advisement of a licensed veterinarian, shall determine the best course of action regarding the health of my pet. I (we) will be responsible for all charges associated with said plan of action for my pet, regardless of my agreement with that plan of action or the charges incurred. My (our) 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#:_____ CVV _____

Visa:_____ Master Card:_____ EXP. Date_____