

CONSENT TO TREAT FORM (DOGS)

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your dog's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem, should your dog not respond to these initial measures further treatment may be warranted.

COMMON BOARDING AILMENTS:

- Stress colitis (diarrhea)
- Kennel nose / kennel paw
- Hot spot
- Ear infection

INITIAL MEASURES TAKEN FOR THESE AILMENTS:

- Fecal analysis; switch to a bland diet
- Clean area; apply topical antiseptic
- Clean and shave area; apply topical antiseptic
- Clean ears with a non-medicated cleaner

Please select one of the following options:

I give consent to have Muddy Creek take initial measures to treat my pet for these conditions should they occur.

- I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions should they occur. If standard protocols do not correct the problem and an exam with a veterinarian is indicated, I do not need to be contacted first.
- I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions should they occur. If standard protocols do not correct the problem and an exam with a veterinarian is indicated, I would like to be contacted first.
- I would like to be contacted before any measures are taken to treat my pet for any condition including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Muddy Creek will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics (ex. fecal analysis) and treatments provided.

Client Signature: _____ Date: _____