

4603 William Penn Highway
Murrysville, PA 15668
www.WalkersPetHoTail.com



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Medical Emergency Instructions

Owner's Name: _____

Date: _____

Pet's Name: _____ Breed: _____ Age: _____

In the event of a medical emergency, Walkers Pet HoTail will attempt to contact you at the phone number(s) you provide and keep you informed of the situation, treatments and costs.

I authorize Walkers Pet HoTail to make medical decisions for my pet(s) if I am unreachable by phone should they require veterinary/medical care during their stay.

(Initials)

I agree that all veterinary/medical services and products provided by Walkers Pet HoTail will be paid in full on the day of checkout. The costs and fees associated with these products and services may include, but are not limited to, the cost of medications, vaccinations, medical administration, transportation, as well as isolation and fecal collection fees.

(Initials)

I authorize Walkers Pet HoTail to transport our pet(s) to my regular vet _____ if they are open or to another veterinary facility (e.g. AVETS).

(Initials)

I authorize the vet to treat my pet if the estimated cost does not exceed \$ _____ if I cannot be reached.

(Initials)

I authorize the vet to bill me directly for any required services.

(Initials)

If the vet feels euthanasia is appropriate and I cannot be reached,

I authorize the vet to proceed

(Check one)

I do not authorize the vet to proceed

(Initials)

In the event my pet passes away, I authorize Walkers to:

(Mark appropriate box(es))

Hold my pet's remains until I pick them up

Transport my pet's remains to a vet and have them:

Hold my pet's remains until I provide instructions.

Cremate my pet's remains – Hold the ashes for me

Dispose of my pet's remains – Do not keep the ashes for me.

(Initials)

Other Instructions: _____

(signature)

These instructions remain in effect for future visits unless you notify Walkers in writing of any changes.