



*Paws-a-Palooza, LLC*  
**MEDICAL CARE RELEASE FORM**

*This form is required for admittance into day camp or boarding.*

*The welfare and safety of your dog(s) is of the utmost importance. If a medical emergency should arise while your dog is attending day camp or boarding at our facility, it is critical that we are able to provide medical treatment quickly.*

*If Paws-a-Palooza, LLC is unable to contact my primary or preferred veterinarian, I give permission for them to contact a different veterinarian of their choice. I further agree that I am financially responsible for any medical treatment my dog(s) receive(s) as a result of a medical emergency while present/staying at Paws-a-Palooza, LLC.*

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*Signature, Owner*

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*Date*

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*Print Name, Owner*

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*Name of Dog(s)*