

**HEALTH CARE DIRECTIVE
FOR PETS BOARDING AT MONTAGE KENNEL**

(NOTE: In over 30 years of pet care we have encountered a variety of medical conditions. Usually the need is for the treatment of mild conditions such as intestinal or respiratory illness. In rare instances we have confronted situations of life and death or the need for major surgeries where we could not contact a responsible party to make decisions. By giving us contacts and authorizing details of care we can serve you and your pets better.)

In the event that Montage determines that any of my animals boarding requires veterinary care ,
I, _____ hereby Authorize
(print name)

Montage Kennel to obtain such necessary veterinary care pursuant to the following directives.

First Action: Contact me or spouse directly.

My Cell Phone: _____

My Email: _____

Spouse Cell Phone: _____

Spouse Email: _____

In The Event that I cannot be contacted I authorize the below designated persons to make all decisions regarding all necessary veterinary care to be administered to my pets. I accept all financial obligations that will result from administered veterinary care.

First Choice: Name: _____ Relationship _____
(Not Spouse)

Cell Phone: _____

Home Phone: _____

Other Phone: _____

If the above person is unable, unavailable, or unwilling to serve, I designate:

Second Choice: Name: _____ Relationship _____
(Not Spouse)

Cell Phone: _____

Home Phone: _____

Other Phone: _____

In The Event that none of the above persons are available or willing to serve then I authorize Montage Kennel to obtain necessary veterinary care subject to the following stipulations:

Total veterinary treatment expense shall not exceed (initial one):

- ___ Three Hundred Dollars
- ___ Five Hundred Dollars
- ___ One Thousand Dollars
- ___ Other _____

Additional Veterinary Instructions:

EXCEPT:

In the event that the amount of money indicated above is not sufficient to cover veterinary care and treatment for the diagnosed condition, I direct Montage Kennel to obtain the minimal level of care required to make my animal as comfortable as possible even if this shall exceed the amount of money authorized above.

If it is the opinion of the veterinarian that the chance for survival is remote or that extraordinary treatment must be used where the outcome is in doubt, I hereby authorize Montage Kennel in consultation with the attending veterinarian to make the decision to end the life of my animal.

By signing this document, I indicate that I understand the purpose and effect of this document. I agree to pay all costs incurred by this document. I will hold Montage Kennel and the attending Veterinarian harmless for any treatment administered under this document. This document shall be in effect any time I board my animals at Montage Kennel unless withdrawn and replaced by me or updated by Montage Kennel.

Signed: _____

Date

Accepted By Montage Employee: _____ / ____ /20__