

Doggie Depot Inc.

605 Rogers Street, Downers Grove, IL

Medical Treatment Agreement

Phone: (630) 969-7529 Fax: (630) 969-7530

I, the undersigned owner of _____, my dog, do hereby authorize and consent to such medical services or care which in the sole judgment of Doggie Depot, Inc. is necessary or appropriate for my dog, including the selection of veterinary personnel and facilities and the transfer of my dog to such facilities. I authorize and consent to all emergency, surgical, diagnostic, and corrective treatment and procedures deemed by duly licensed veterinarians to be necessary for the life, health and well being of my dog. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to my dog, but I agree that necessary treatment shall not be withheld if the undersigned cannot be reached.

It is understood and agreed that I will be financially responsible for any and all medical and transportation expenses incurred on behalf of my dog. It is further understood and agreed that Doggie Depot, Inc. and the selected provider of veterinary services may charge my credit card listed below for the full cost of said veterinary, transportation, and related medical services.

Credit Card # _____

Expiration Date _____

Type: Visa / Mastercard / Discover (circle one)

Owner Name: _____

Signature: _____ **Date:** _____