

Howling Success K-9 Services  
MEDICAL RELEASE FORM

This is a required form for all Howling Success K-9 Services participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. Our goal is to get your pet medical attention as quickly as possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet owners sign this form. I understand that in the event of a medical emergency that Howling Success K-9 Services, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Howling Success K-9 Services to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Howling Success K-9 Services

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_