



DogLandia Daycare and Boarding
49369 Hwy 21
Leduc County, AB ToB 3m4

Roy and Esther Eckert
doglandia.dogs@gmail.com
780-941-2487

Date: _____

To whom it may concern:

While I am away, my pet _____, will be in the care of Roy and Esther Eckert. In the event that my pet should become ill and medical aid is required, they will contact me immediately. If I cannot be contacted, I authorize them to transport my pet to the veterinarian if required. I authorize them to proceed with reasonable treatment in consultation with the attending veterinarian.

Signature _____

While I am away, and in the event that I **cannot** be reached, if my pet should become ill or hurt and medical aid will only serve to continue life without improvement, or relief from pain, I give permission for euthanasia. I authorize Roy and Esther Eckert to make this decision in consultation with the attending veterinarian.

Signature _____

Please choose one: Cremation with ashes kept Communal cremation

Please provide your credit card information for veterinarian charges**. (We will not charge your credit card-any charges will be from the veterinarian's clinic.)

Name on Card _____ Number _____

Signature _____ Expiry date. _____

Does this pet carry Pet Health Insurance? Y N

** You may instead provide contact information for someone whom you have contacted and they have **agreed** to provide either your or their CC number, for vet expenses.

Name of individual to contact for payment: _____

Phone # 1 _____ Phone #2 _____