

BRAVEHEART ANIMAL CARE

Camp Braveheart Emergency Treatment Authorization & Payment Agreement

While it is an unpleasant topic, the possibility of natural occurrences of injury or illness for our animal companion(s) is something we all might face whether they are in our own care or in the care of a trusted home-sitter or boarding kennel. We, at Braveheart Animal Care take the trust and confidence you place in us to care for your companions very seriously. All efforts and diligence is exercised throughout the time of your companion(s) stay to keep them safe from harm, to provide quality care, to monitor their daily health, and to provide a fun, stress-free and enjoyable environment. In the course of life, daily routines, every day exercise, and acts of nature, injuries and illness can occur for us all. Please know that we place the care of your companion(s) as a top priority. In order that we may provide for them in your absence, we ask you to read and sign this form, checking your preferences in those areas that offer options. Please include any other specific instructions using this form. You may mail or email the form or bring it with you on the first day of the stay. Thank you.

Analisa Domenica and Rick Amendola of Braveheart Animal Care have agreed to care for my companion(s), during the period of _____. Should any injury or illness occur to my companion(s) that requires veterinary care during my absence, I authorize Analisa and/or Rick to act as my agent in procuring veterinary care.

I understand that Analisa and/or Rick will make every possible attempt to communicate with me in the event of such an emergency, to consult on the course of treatment. In the event that I cannot be reached during an emergency, I authorize Analisa and/or Rick to act on my behalf, to exercise sound judgement, and to procure the necessary treatment. I agree to pay the fees for such professional veterinary services as soon as possible after I return, and in the absence of gross negligence, will not hold Analisa, Rick or Braveheart Animal Care liable for injuries or illnesses suffered by my companion(s) or any fees for veterinary services incurred on their behalf, during this stay.

I authorize Bonnie Brae Veterinary Hospital in Columbus NC to provide essential medical or surgical services, with my signature below, as my consent. I authorize intensive medical care efforts for my companion(s), based on the sound judgement of Analisa and/or Rick, not to exceed \$_____, until I can be consulted.

In the worst case scenario, if the attending veterinarian determines that my companion is suffering and/or is incurably injured, and I cannot be reached despite Analisa and/or Rick's best efforts, I give my consent_____

I do not give my consent_____ to euthanize.

If my companion(s) should die or be euthanized, I request that the body be retained until I return_____

be individually cremated_____ be communally cremated_____

and I agree to pay the fees for such services.

Signature of Owner

Date

Signatures of Caregivers

Date

Additional instructions: