

Just One Of The Family Kennels

924 Trackrock Church Road

Blairsville, GA 30512

706-745-2429

Licensed and Insured

Client Directive Form

Pet Owner/ Agent _____.

Pet (s) Names , Breed , Brief description of pet

_____.

Incase of medical emergency involving any of my pets, and I cannot be reached, I authorize Just Of The Family Kennels to seek medical treatment for my pet on my behalf. I understand I (owner) am responsible for all medical/ actual cost associated with emergency medical care for my pet (s).

I approve the following treatments as deemed necessary by the veterinarian. I approve treatment for the dollar amounts listed with service.

Laceration repair/sutures. Yes___ No___ \$ _____

Diagnostic radiology. Yes___ No___ \$ _____

Blood work/labs/urinalysis. Yes ___ No___ \$ _____

Surgery as recommended by veterinarian. Yes___ No___ \$ _____

Review of diagnostics by specialist. Yes___ No ___ \$ _____

Overnight emergency care. Yes ___ No ___ \$ _____

IV or Sq fluid therapies. Yes___ No___ \$ _____

Pharmaceutical administration and Rx filled or sent to outside pharmacy. Yes___ No___ \$ _____

Tube Feeding . Yes___ No___ \$ _____

Any other services recommended or deemed necessary by veterinarian UP to _____ USD

Life support or resuscitation. Yes___ No___ \$ _____

I wish for heroic measure to be taken to treat my pet(s) Yes___ No___ \$ _____

I grant permission for euthanasia to be preformed if recommended by veterinarian

Yes___ No___ Signature Required: _____

I wish for my pet(s) remains to be. Private Cremation ___ Regular Cremation ___

Stored until my return _____

I, _____ grant permission for my pet(s) medical information to be released to Just One Of The Family Kennels and allow brief visitation if allowable and also transport of my pet(s) to and from medical care.

