West Chester Veterinary Care

General Instructions for Care in Owner's Absence

Client Name:	Pet Name:
 We will not allow a pet in We will make every reasonabill or injured during his/her contact numbers. Any decisions you make whi your written directives. If we are unable to reach you you left usplease discuss y decisions. If we are unable to reach you treatment necessary to keep 	
*************	*************
In the event that my pet should bed following (choose all that apply)	come seriously ill while boarding, I authorize the
Transfer of my pet to the Care Concept Control Chester Veterinary Care for day	enter for after-hours care with return to West treatment.
Transfer of my pet to a specialty	practice if recommended.
Humane Euthanasia of my pet if	he/she is suffering unduly.
** if I will be unable to be reached of a credit card number if I am reques	during my pet's stay, I understand that I must leave sting transfer of my pet
Resuscitation efforts should my pet (please check one)	go into cardiac or respiratory arrest:
IV catheter, IV fluids (approxima	ssions, forced respiration, oxygen, medications, tely \$500-\$800) lus open-heart massage- approximately \$800 to
Date:	
Signature:	