Montrose Pet Hotel Senior Pet Medical Release Form



montrosepethotel.com

3879 Pickett Road • Fairfax, Virginia 22031

(703) 425-5000

Client Name:	Date:	
ts Name: Pets Age:		
Contact your Veterinarian: Please contact your pet is healthy enough to board. Should your pet discomfort that are detrimental to their overall that your pet cannot finish their stay. Boarding may be in their best interest.	t become ill or show signs of stress and	
	•	
Authorized Emergency Contact:	(Relationship)	
Phone Numbers:		
authorizes Montrose Pet Hotel to obtain his veterinarian on duty deems necessary. Owner initials/signature:	et requires immediate medical attention, owner /her pet's medical records to proceed as the also authorizes one of the following with their esaving care, <u>regardless of cost</u> , and will provide	
be kept comfortable and pain free. I under	s or general care only. I would like for my pet to stand that all treatments will be my financial (minimum requirement is \$500 to cover initial	



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Please read carefully and Initial on each line

Client	t Signature:	Date:	
	I have contacted my veterinarian and my pet needs to be treated while I am or	nd put a plan in place if I am unreachable ut of town.	
	I understand that Montrose Pet Ho of mobility, demeanor, appetite, stress levels willingness to receive medication. The kenne pet's stay that they are no longer suitable for or alternate arrangement will be made in my is not boarding well.	el manager/owner may decide during my boarding with us. A pet-sitter, veterinariar	
	I understand that due to my pet's he the age of 10, Montrose Pet Hotel's ability to vary seasonally (during high volume times an		
	is not suitable for pets in need of intensive ca	Pet Hotel is not staffed 24-hours per day and thus nsive care.	