



Medical Consent Form

Texas Coble, LTD. d/b/a Good Dog Pet Ranch, a Texas limited partnership (the “**Company**”) will notify me, the pet owner, in the event of an illness or injury involving my pet and will follow my directions regarding my pet’s medical care. If I cannot be reached, the Company will notify the person designated as my secondary contact or my emergency contact. If the Company determines my pet requires medical attention, I hereby authorize the Company to transport my pet for medical treatment. I understand the Company will attempt first to arrange medical care for my pet with my designated veterinarian. However, if my veterinarian is unavailable, I authorize the Company to transport my pet to the nearest available veterinarian or veterinary clinic. I understand there is no charge for transportation but that expenses for medical treatment shall be paid by me, the pet owner.

Should such an event occur, the Company will provide updates of my pet’s situation.

I understand there are inherent risks associated with bringing an animal to a pet care facility. In the event of an illness, injury, or medical emergency with my pet, the Company has authority to act on my behalf. If I, or my secondary or emergency contacts, cannot be reached by the Company, the Company is authorized to determine the medical care needed by my pet. In accordance with the Client Agreement, the Company shall not be liable for anything that happens to my pet while in the care of the Company or an associated veterinarian. I understand I will be responsible for any and all costs incurred for any such medical treatment.

I certify that I have read and agreed to the published policies and information stated in the Client Agreement and the Medical Consent Form.

Client/Owner Signature: _____ Date: _____

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