



DAYCARE ● BOARDING

VET CONSENT FORM

Owner Information

Owner’s Name:

Dog(s) Name:

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Email Address:

I understand there are certain risk inherent in leaving my dog in the custody of Charleston Canine Companions LLC and with the interaction of dogs there is a chance of injury. If it should become necessary for my dog(s) to receive professional medical treatment, I hereby give my permission for a licensed veterinarian to administer the medical treatment he or she deems necessary including anesthesia. I understand every effort will be made to contact me in such an event. I also understand I am financially responsible for any and all costs resulting from veterinarian care. In case of emergency Charleston Canine Companions employee’s will take my dog to the veterinarian listed for any service deemed.

Please note that this form is only in case of an emergency and we cannot get in touch with you through phone or email.

Signature_____ Date_____