



3215 Cougar Path

Hebron, KY41048

Emergency Release Form

I give my permission to On Point Pet Resort, while they are caring for my pet/pets _____, to seek

necessary medical treatment that might be necessary during my absence. In the event that my veterinarian is unavailable. I give OPPR permission to seek other veterinary services. I agree to pay all services that are not covered by the OPPR Healthy Care Warranty Program.

Please read the following and check which one applies:

_____ I do not want any extreme measure taken to prolong my pet's life.

_____ I want all medical measures taken to help my pet in the event of illness, not to exceed \$_____.

In the event my pet should pass away, I would like:

_____ For my pet to be taken to my veterinarian on file, where they will know my wishes; i.e., cremation, burial, etc.

_____ For OPPR to hold my pet until my return.

Owner's Signature

Date

Owner's Name (Please Print)

Pet(s) Names(s) Please Print