ALL THE RAIGE DOG SALON

Veterinary Instructions & Medical Release

4000 S 2700 E, Holladay, UT 84124
(801) 509-8044
alltheraigedogsalon.com

Complete once for daycare or boarding. This form remains on file until you replace or revoke it in writing.
Please notify us promptly whenever contact, veterinary, medication, medical, or authorization information changes.

OWNER AND EMERGENCY CONTACT

Owner / authorized contact

Primary phone

Email

Emergency contact

Relationship

Emergency phone

DOGS COVERED BY THIS FORM

Dog 1 - name

Breed

Age / date of birth

Dog 2 - name

Breed

Age / date of birth

Dog 3 - name

Breed

Age / date of birth

VETERINARY CONTACTS

Primary veterinarian / clinic

Phone

Client / pet ID (optional)

Clinic address

Preferred emergency clinic

Phone

City

CONTACT AND TRANSPORT PREFERENCES

- [ ] Contact me first when circumstances permit.
- [ ] If I cannot be reached, contact the emergency contact listed above.
- [ ] All The Raige may transport my dog to a licensed veterinary facility when needed.

Vaccination records are maintained separately. Attach additional pages if more space is needed.

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Medical Information & Authorization

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MEDICAL INFORMATION AND CARE INSTRUCTIONS

Medical conditions, allergies, prior reactions, mobility needs, or other relevant history

Current medications - include medication, dosage, schedule, and administration instructions

Special care, feeding, behavioral, handling, or emergency instructions

EMERGENCY VETERINARY AUTHORIZATION

If my dog becomes ill or injured, All The Raige Dog Salon may contact me and my emergency contact and seek care from my preferred veterinarian when reasonably available. If immediate care is needed or those contacts cannot be reached, I authorize All The Raige to use a licensed veterinarian or emergency clinic it reasonably selects.

I authorize veterinary evaluation and treatment up to this amount: $ Enter an amount or write 'no preset limit'.

- [ ] If a delay would threaten life or cause serious suffering, authorize stabilizing care even if the estimate exceeds the amount above.
- [ ] Do not authorize treatment above the stated amount without approval from me or my emergency contact.

Other limits or instructions

ACKNOWLEDGMENT AND SIGNATURE

I confirm that the information provided is accurate to the best of my knowledge. I accept financial responsibility for authorized veterinary services and related transportation. I understand that veterinary treatment outcomes cannot be guaranteed. This information and authorization remain on file for future visits until I replace or revoke them in writing. I agree to notify All The Raige promptly of any change affecting my dog's care or this authorization.

Owner / authorized representative - type or print

Signature

Date

For staff use: Date received _____ Reviewed by _____ DaySmart record updated _____