



## NeonPawz K-9 Academy Emergency Authorizations

Date:

### Client Information

First Name:  Last Name:   
Address:  City:  State:   
Zip:  Contact Phone:  Contact E-mail:

### Pet Information

Pet Name:  Breed:   
Pet Insurance Provider:  Policy #:

### Emergency Contact

I authorize the below named person to make medical decisions and approve treatment/care for my pet in the event I cannot be reached.

Full Name:  Contact Phone:

### Veterinary Information

In the event of a medical emergency, sickness, injury or illness I authorize NeonPawz K-9 Academy and associated personnel to take my pet to the below listed Veterinarian for medical care.

Clinic:  Address:   
Phone:  Doctor Preference:

I authorize my veterinarian to:

- Perform any tests/diagnostics/care recommended by the veterinarian
- Provide tests/diagnostics/care with a limit up to \$
- Do not perform any tests/diagnostics/care until I can be reached

### Critical Care Authorization

In the event my pet were to experience a medical emergency in which they were to stop breathing or their heart stops beating and Cardiopulmonary Resuscitation (CPR) is required

- Perform CPR     Do Not Resuscitate

In the event the provided Veterinary Clinic is not available or unable to address the concern, I authorize NeonPawz K-9 Academy to transport my pet to Veterinary Emergency and Critical Care with the same medical release authorizations as noted above.

### Payment Information

Name on Card:  Credit Card #   
CVC #  Expiration Date:

- Visa     Mastercard     American Express     Discover

**MEDICAL AUTHORIZATION, TRANSPORTATION, AND LIABILITY RELEASE**

The Client hereby authorizes NeonPawz K-9 Academy (“NeonPawz”), including its owners, employees, contractors, and agents, to seek emergency veterinary care for the Client’s pet in the event the pet becomes ill, injured, or otherwise requires urgent medical attention while in NeonPawz’s care, custody, or control. This authorization includes permission to transport the pet to a licensed veterinarian, emergency animal hospital, or other veterinary facility reasonably deemed necessary by NeonPawz.

The Client acknowledges and agrees that emergency circumstances may prevent prior contact with the Client or the Client’s designated emergency contact. In such circumstances, the Client authorizes NeonPawz to take reasonable and necessary actions to obtain stabilizing veterinary care in the best interest of the animal.

The Client understands and agrees that transportation of animals carries inherent risks, including but not limited to stress, injury, illness, worsening of pre-existing conditions, accidents, or death. The Client voluntarily assumes all such risks associated with transport to and from veterinary facilities.

The Client further acknowledges that NeonPawz is not a licensed veterinary provider and does not provide veterinary diagnosis or treatment. Any veterinary care provided to the pet shall be performed solely under the professional judgment and direction of a licensed veterinarian. NeonPawz shall not be responsible for any acts, omissions, diagnoses, treatment decisions, or outcomes resulting from veterinary care provided by third-party veterinary professionals or facilities.

In the event that neither the Client nor the designated emergency contact can be reached in a timely manner, the Client authorizes NeonPawz to make decisions regarding veterinary care that NeonPawz reasonably believes are in the best interest of the pet. This may include, but is not limited to, emergency examination, diagnostics, treatment, hospitalization, surgery, sedation, transfer to another veterinary facility, or euthanasia when recommended by a licensed veterinarian to prevent unnecessary suffering.

The Client acknowledges that veterinary outcomes cannot be guaranteed and agrees that NeonPawz shall not be liable for any injury, illness, disability, worsening of condition, complications, or death that may occur despite reasonable efforts to obtain veterinary care.

The Client authorizes the use of the above card information to be used for medical expenses in their absence and assumes full financial responsibility for all veterinary-related expenses incurred, including but not limited to examination fees, diagnostics, treatment, medication, hospitalization, emergency care, transportation, and related costs.

The Client agrees to indemnify, defend, and hold harmless NeonPawz, its owners, employees, contractors, and agents from any and all claims, damages, liabilities, losses, costs, or expenses (including reasonable attorney’s fees) arising out of or related to veterinary care or transportation of the pet, except to the extent caused by NeonPawz’s gross negligence or willful misconduct.

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this Emergency Veterinary Care and Transportation Authorization.

Full Name:  Signature:

This electronic signature is the legal equivalent of a manual/wet signature and is equally binding