



Medical Instructions and Release Form

Guest's Name: _____

Medical conditions/medications: _____

Guest's Name: _____

Medical conditions/medications: _____

Guest's Name: _____

Medical conditions/medications: _____

If any of the guests named above becomes ill or is injured, I request that Paula's Pet Paradise contacts:

Medical Office Name: _____

Address: _____

Phone Number: _____

Alternate Medical Office: Name: _____

Address: _____

Phone Number: _____

"Doesn't your pet deserve a vacation, too?"

I give permission to Paula's Pet Paradise to approve treatment up to:

\$_____

I will assume full responsibility upon my return for payment and/or reimbursement for medical services rendered up to the above stated amount.

If neither of the medical offices named above is available, I authorize Paula's Pet Paradise to take my guest/s to another medical office for treatment. I understand that Paula's Pet Paradise cannot be held responsible for the results of the medical treatment or the loss of my guest.

I release all liability from Paula's Pet Paradise, located at 3348 Old Murphy Rd, Franklin, NC, 28734, in case of injury, accident or illness that should occur during our guest's stay. I understand that Paula's Pet Paradise will take the very best care of our guest/s and every precaution for health and welfare during our guest/s stay in its resort.

I authorize Paula's Pet Paradise to do whatever is necessary for the health and well being of our guest/s and agree to pay for any and all expenses that my guest/s may cause through malicious or improper conduct.

This agreement is valid starting on the date below whenever Paula's Pet Paradise cares for my guests:

Owner's Signature: _____

Date: _____

Owner's Name: _____

(please print)

“Doesn't your pet deserve a vacation, too?”