MEDICAL WAIVER

I understand certain "activities" that my dog may participate in, including daycare, boarding, and grooming, involve risk and possible injury, including but not limited to: exposure to viruses, and other medical conditions passed from dog-to-dog, sprains, strains, bites, broken bones ,fatigue, nicks, cuts, or even death.

If, in my absence, my dog should be injured, become ill or suffer an ailment or is otherwise deemed by Yuppy Puppy to require immediate medical attention, Yuppy Puppy, in its sole discretion, is authorized to make all health care decisions on my behalf, and may utilize the services of a licensed veterinarian of their choice to give any requisite medical attention to my dog and/or prescribe medication, all at my sole expense. I agree to pay all veterinary fees incurred, or reimburse Yuppy Puppy for all veterinary fees paid, to attend to any illness or injury that Yuppy Puppy, at its sole discretion, feels is in need of medical attention during my dog's stay at Yuppy Puppy, including a separate **$50 fee for each visit to a veterinarian within 60045 and 60044 zip codes, and $100 for all other zip codes**. I further authorize Yuppy Puppy to administer any medications prescribed by a veterinarian for such illness. YUPPY PUPPY agrees to administer medication to my dog in strict accordance with my instructions or the instructions of a veterinarian. I have explained dispensing information and the effects of each medication to Yuppy Puppy and hereby waive any claim against Yuppy Puppy and its agents for any side effects of said medications.

☐ NON-EMERGENCY MEDICAL SERVICES-If in my absence, my dog begins to exhibit symptoms of Kennel Cough, I would like Yuppy Puppy to take my dog to my veterinarian for medication. I understand that the corresponding veterinarian visit fee outlined above will apply.

CLIENT
SIGNATURE:_____

CLIENT PRINTED
NAME:_____

DATE:_____