We believe strongly that our relationship with clients must be based on mutual trust. (For the purpose of this document we will pretend the small % of pathological liars that cross our path will be eliminated or detected before they can abuse this situation).

**A U T H O R I S A T I O N R E M E D I C A L E X P E N S E S A N D S U P P O R T**

CAM/MA.1

Taking care of your fur-children is a massive responsibility, and as much as we trust you to be honest and open in your dealings, we need you to trust us as reliable, responsible “foster parents”.

I want to remind all clients that you or your vet need to inform us of existing health issues concerning your pet. Forewarned is forearmed, and unless we are alerted to the fact that a pet has a medical history, we won’t be any the wiser, and not always able to pick up warning signs in time.

On rare occasions it becomes necessary to make quick decisions regarding getting a pet to an emergency vet. When the pet is in our care, we can save valuable time if we have the facts at our disposal, as well as authority to act on your behalf. In line with our high standard of pet care and to speed up the medical attention, we need your guidance regarding such treatments, as high costs may be involved. In a crisis situation, we have a choice:

1. To authorize the vet on your behalf to proceed with life-saving treatment, or
2. to first get hold of you to obtain the required permission.

This delay may make the difference between saving a pet’s life, or losing it due to delaying treatment. If you allow us to authorize essential treatment while continuing our efforts to reach you, at least the vet can give us an honest assessment and act immediately. It goes without saying that you should provide your vet with guidelines in this regard, and advise us if you have a preferred vet!

Should you agree (or not) to this, kindly instruct us accordingly by completing and returning signed CAM/MA.2 document prior to your next booking. I want to reiterate – We will not incur costs unless this is absolutely essential.

Thank you to those clients that trust us fully, to make the judgment call. Please note where prospective clients refuse to grant this permission (see Section B), we reserve the right to turn their pets away, as this action may prevent us from taking appropriate action in an emergency.

Connie Griessen

**W E C A R E - A N D I T S H O W S!**

**Date:** YYYYMMDD

**PLEASE SIGN AND RETURN MEDICAL AUTHORISATION FORM**

CAM/MA.2

I, client name

have read the above, and my comments/instructions are as follows (tick your choice):

1. Feeding – if my pet is not eating well, please adjust its diet or take action as you see fit:

Y

Y

N

N

1. Medical treatment

(please complete and sign relevant section, but return full document for the record):

**SECTION A**

I have read the aforementioned and hereby authorize Camelot Kennels to appoint a suitable vet to execute emergency or other essential treatment. This will be for my account.

Name (printed):

Preferred vet:

Contact details:

Sign:

Date:

YYYYMMDD

**SECTION B**

1. I do not agree that medical treatment be applied without consulting me, even if I am not contactable at the time.

I, give permission that basic medication be provided when necessary.

1. Client to provide clear written instructions to Camelot kennels, re what should be done in emergencies, in the absence of a vet. (Please use below, or add a new sheet to provide full details)
2. I fully accept that this instruction may mean my pet does not get accepted at Camelot Kennels.
3. If my pets are accepted as boarders under these circumstances, I fully accept that my instruction may prevent the necessary medical treatment in time, which may impact on my pet’s wellbeing.
4. I will not hold Camelot Kennels responsible should lack of required medical attention, caused by my refusal to sign their required documents, adversely affects my pet(s).

DO NOT

DO

Name: Sign:

Date: YYYYMMDD