



Medical Release/Consent Form

Pet(s) Name: _____

The safety and well-being of your pet is our number one priority. It is a responsibility we take very seriously. In the event your pet becomes ill or injured while staying with us, the staff will initiate appropriate action until you or your emergency contact can be reached. You are giving consent and authority to Brevard Bed & Biscuit, if we are unable to reach you or your emergency contact, to provide or obtain medical treatment for your pet; only essential medical treatment will be administered. In case of such, you hereby authorize us to spend up to \$ _____ and agree to leave your credit card number on file.

Brevard Bed & Biscuit assumes no liability for any injury or illness to your pet. In case of an emergency evacuation, you give consent to have your pet transported to a safe facility if you cannot pick them up prior to the emergency evacuation.

You must leave a credit card on file for emergency and payment purposes. Pets will not be released until their stay has been paid for in full.

Pets left without payment for more than five days will be considered abandoned and will be surrendered to Brevard Humane Society for adoption.

Please provide credit card information and a signature below agreeing that you understand and accept the terms listed.

Credit Card Number: _____

CC Zip: _____ CC Exp.: _____ CCV: _____

Dated this _____ day of _____, 20 _____

Pet Parent Printed Name: _____

Signature: _____

Staff Initials: _____