



Canine Acres Pet Resort

Senior Pet Form

Pet's Name _____ Owners Name: _____

Your pet is very important to us. We are committed to ensuring that your desires are honored with respect to your pet's health and care. It is our policy to have this completed form on file for pets that are 8 years of age or older in the unlikely event that your pet becomes ill or passes away while staying with us. Though we will make every effort to contact you first, there may be an occasion when we are unable to reach you so we would like to keep this form on file for future reference.

Canine Acres' Operating Procedure:

If a pet becomes ill or the very unlikely event that it passes away, it will be transported to and cared for at Companion Animal Hospital in Fergus Falls, MN. (No other local Vet offers emergency services.)

Contact Preferences:

We wish to honor your preference for how you wish to be contacted in the unlikely event that your pet passes away while you are away.

If your pet passes away, would you like to be contacted before you return?

- Yes
- No

If you selected Yes, how would you like to be contacted? Please check one:

- Phone #: _____ Call OR Text? _____
- Email Address: _____

Pet Owner's Preferences:

Should your pet pass away, Companion Animal Hospital offers several holding options. Please consider the following options and check the one that you would prefer for your pet.

- Group cremation
- Individual cremation
- Cold storage

I have read and accept the above agreement. I agree not to hold Canine Acres Pet Resort, Inc. responsible for any unforeseen illness or death of my senior pet while he/she is in their care.

Owner's Name (print) _____

(signature) _____ Date ____ / ____ / ____