

Levi's Legacy

Compassionate & Personalized Dog Care Services

Authorized Provider: Preethi Maria Mathew, MSW

Dog Information & Authorization Form

Welcome, and thank you for choosing Levi's Legacy. This form helps me get to know your dog and ensures I am fully prepared to provide safe, attentive, and personalized care. Please complete all sections as thoroughly as possible. All information will be kept strictly confidential and used solely for the purpose of your dog's care and wellbeing.

SECTION 1 — ABOUT YOUR DOG

Dog's Name:	Breed:
Age / Date of Birth:	Color / Markings:
Spayed / Neutered: ☐ Yes ☐ No	

SECTION 2 — FAMILY / GUARDIAN INFORMATION

Guardian's Full Name:	Phone Number:
Email Address:	
Street Address:	
City:	State: ZIP:
Emergency Contact Name:	Phone:

SECTION 3 — VETERINARIAN INFORMATION

Veterinarian / Clinic Name:	Vet Phone Number:
Vet Address:	

SECTION 4 — HEALTH & VACCINATION STATUS

Please indicate the current status of your dog's preventive care:

Preventive Care Item	☐ Yes	☐ No	☐ Not Sure
Rabies vaccination — up to date	☐	☐	☐
DHPP / core vaccines — up to date	☐	☐	☐
Bordetella (kennel cough) — up to date	☐	☐	☐
Flea & tick prevention — currently on prevention	☐	☐	☐
Heartworm prevention — currently on prevention	☐	☐	☐

Known Allergies or Medical Conditions:
Current Medications:
Any behavioral concerns I should know about:

SECTION 5 — EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency where I am unable to be reached in a timely manner, I hereby authorize Preethi Maria Mathew, MSW, owner and operator of Levi's Legacy: Compassionate & Personalized Dog Care Services, to act in the best interest of my dog's health and safety. I understand that every reasonable effort will be made to contact me before any action is taken.

Please indicate your authorization by marking each item below:

- ☐ Contact my dog's veterinarian on my behalf.
- ☐ Transport my dog to an emergency veterinary hospital if necessary.
- ☐ Consent to emergency medical examination and treatment by a licensed veterinarian.
- ☐ Authorize necessary emergency procedures to preserve my dog's life and relieve suffering.
- ☐ I understand that Levi's Legacy and Preethi Maria Mathew, MSW will not be held liable for the cost of emergency veterinary care unless resulting from direct negligence. I agree to reimburse all reasonable emergency veterinary expenses incurred on behalf of my dog.

SECTION 6 — CLIENT AGREEMENT & RELEASE

By signing below, I confirm that all information provided in this form is accurate and complete to the best of my knowledge. I agree to notify Levi's Legacy of any changes to my dog's health, vaccination status, or behavioral needs. I understand that Levi's Legacy reserves the right to seek emergency veterinary care as authorized above, and I accept responsibility for any associated costs.

Owner's Printed Name:	
Owner's Signature:	Date:
Provider (Preethi Maria Mathew, MSW):	Date: