



Love Those Dog Paws

P.O. Box 877

Kealahou, HI 96750

808-937-5252

lovethosedogpaws@gmail.com

Veterinarian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Vet Hours: _____

If any of my animals become ill, Dustin Omori is authorized to take them to the above veterinarian to diagnose their condition. If it is after hours, or my regular veterinarian is unavailable, Dustin Omori will take my pet to Dr. Keri Jones (South Kona Veterinary Services), Alii Vet, or Dr. Phil Freed in Kailua-Kona, HI. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at his/her discretion.

I will be responsible for all charges and will pay the treating veterinarian directly. In the event Dustin Omori is required to pay out of pocket for any charges, I agree I will reimburse Dustin Omori within 10 days of my return.

Prior to Dustin Omori accepting my pets to care for I certify:

My pets are up to date on required Hawaii vaccinations. Pets imported from outside of the Hawaiian Islands are current on their rabies vaccinations.

Pet(s) names: _____

Pet Owner: _____

Signature: _____ Date: _____