



Creekside Pet Center LLC's Rainbow Policy

Name of Dog: _____ Age: _____

Pet Parent (s):

_____ Phone# _____

_____ Phone# _____

Emergency Contact: _____ Phone # _____

or Other contact: _____ # _____

Veterinarian Name: _____ # _____

Date(s) of stay with CPC: _____ to _____

Creekside Pet Center LLC's policy is to have on file a Rainbow Protocol for elderly dogs, as well as those with a medical condition or those requiring special care, as a precaution, especially dogs with medical/physical conditions that could be life threatening.

This protocol will assist us in following your wishes in the unlikely event your dog passes away while in our care.

You can provide us with an emergency contact who will assume responsibility to pick up your loved one and follow through on your arrangements should this protocol be enacted.

Please complete the following:

I _____, owner of
_____, will be away from _____ to _____ and give
Creekside Pet Center LLC permission to care for my dog until I/we return. My dog
has a serious medical condition and/or is in declining health which may worsen

without incident while I am away. I hereby hold harmless Creekside Pet Center LLC, its owners, and representatives, should _____ pass before my return.

1. If I am unable to be reached, and my dog is unable to eat or drink to the point of dehydration or concern of starvation or seems in dire physical distress and unable to be consoled, calmed, or cared for in a dog daycare/dog boarding environment, I allow Creekside Pet Center LLC's representative to bring my dog to my veterinarian if during business hours or a local animal hospital (on-call emergency veterinarian) after hours. I understand and agree that all related charges will be my sole responsibility.

Yes _____ No _____

2. Instead of _____ being taken to the veterinarian if an emergent situation arises, I want my emergency contact to be called and to pick up my dog if they are in distress or if they pass.

Yes _____ No _____

3. In the event my dog passes while in the care of Creekside Pet Center LLC, I would like _____ Service to pick up my loved one and any associated charges will be solely my responsibility.

Yes _____ No _____

4. In the event my dog passes while in the care of Creekside Pet Center LLC, and there is no service available to pick up my dog, I give Creekside Pet Center's representative my permission to transport my dog's body to _____ where he will remain until I return. Any costs associated are solely my responsibility. I understand I will not incur any charges by Creekside Pet Center LLC for transport.

Alternatively: If I am unable to be reached:

1. If _____ is under the care of any Creekside Pet Center LLC representative and is unable to eat or drink to the point of dehydration or concern of starvation or seems in dire physical distress and unable to be consoled or calmed, I give permission for any Creekside Pet Center LLC representative to take _____ to the veterinarian listed above.

Yes_____ No_____ Or

2. If _____ appears to be in declining health, unable to eat or drink to the point of dehydration or starvation, I do not want heroic measures and instead give any Creekside Pet Center LLC representative permission to provide dedicated care and comfort to my dog until I return or in the event my dog passes. If _____ should pass while I am away, I further give permission for him to be transported to _____ until I return.

Yes_____ No_____

3. If I am unable to be reached, and my dog is unable to eat or drink to the point of dehydration or concern of starvation or seems in dire physical distress and unable to be consoled, calmed, or cared for in a dog daycare/dog boarding environment, I give Creekside Pet Center LLC permission to make the decision to have _____ given medical attention or Euthanized by a licensed veterinarian.

Yes _____ No _____

By signing below, I state I have given Creekside Pet Center LLC owners and representatives permission to care for my dog and to follow the directions as stated above. I agree that any cost incurred is my responsibility and further agree that if _____ should pass while in their care, I agree to hold harmless Creekside Pet Center LLC, its owners, representatives for my dogs passing.

Signature: _____ Date: _____

Witness: _____

Creekside Pet Center LLC Manager or supervisor _____

Date: _____

Creekside Pet Center LLC Owner _____

Date: _____

In an emergency:

We will first attempt to call your vet.

If your vet is unavailable, we will call:

Horton Discovery Animal Hospital:

Open 24/7 in case of an emergency.

Call 573-777-3609

<https://hortondiscovery.com/>

3609 Endeavor Ave.

Columbia, MO 65201

If End of Life Care or Hospice is needed, and you have not otherwise specified, we will call:

We recommend Paws in Heaven

Dr. Angela Randazzo

Call (573)826-3016

info@pawsinheaven.org

<https://pawsinheaven.org/>