



## KMV and Friends Pet Sitting

*Your pet's other best friend*

### VETERINARY RELEASE FORM

In the event that any of my pets appears to be ill, injured, or at significant risk of experiencing a medical problem while in the care of KMV and Friends Pet Sitting, I give their permission to seek veterinary service from a veterinarian or a veterinary clinic.

**Veterinary Clinic name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Veterinarian's name:** \_\_\_\_\_

I ask KMV and Friends Pet Sitting to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$500 per pet.

I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that KMV and Friends Pet Sitting works hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow KMV and Friends Pet Sitting to use their best judgment in handling these situations, and I understand that KMV and Friends Pet Sitting assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by KMV and Friends Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize KMV and Friends Pet Sitting and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s). Every dog(s) at the site of service will be current (per my veterinarian's recommendations) on its rabies vaccinations. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service period.

I agree to notify KMV and Friends Pet Sitting of any signs of injury or possible illness before any service as soon as the condition appears. KMV and Friends Pet Sitting reserves the right to cancel service when a pet with a potentially infectious condition exists. KMV and Friends Pet Sitting strives to provide clean and safe service to each of their clients. In doing so, KMV and Friends Pet Sitting strongly recommends that each pet be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Kaleigh cares for one or more of my pets. I understand that this agreement applies to all of the pets within KMV and Friends Pet Sitting's care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

#### To the veterinary hospital:

KMV and Friends Pet Sitting has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. KMV and Friends Pet sitting will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. Please file this form with my records.

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_