



Veterinary Release Agreement

In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of **Hooves, Paws & Claws Pet Sitters**, I give permission to **Hooves, Paws & Claws Pet Sitters** to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask **Hooves, Paws & Claws Pet Sitters** to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet / all pets (most common values are \$200, \$1000, or unlimited). 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 Hooves, Paws & Claws Pet Sitters care providers work 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 Hooves, Paws & Claws Pet Sitters care providers to use their best judgment in handling these situations, and I understand that Hooves, Paws & Claws Pet Sitters and its staff assume 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 Hooves, Paws & Claws Pet Sitters for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Hooves, Paws & Claws Pet Sitters 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, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Hooves, Paws & Claws Pet Sitters of any signs of injury or possible illness before any visit as soon as the condition appears. Hooves, Paws & Claws Pet Sitters reserve the right to cancel service at any location where a pet with a potentially infectious condition exists. Hooves, Paws & Claws Pet Sitters strive to provide clean, safe service to each of our clients. In doing so, Hooves, Paws & Claws Pet Sitters strongly recommend that each pet and large animal be vaccinated, de-wormed, and protected from harmful insects according to veterinarian recommended standards.

Hooves, Paws & Claws Pet Sitters Veterinary Release Agreement

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Hooves, Paws & Claws Pet Sitters cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Hooves, Paws & Claws Pet Sitters 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.

Client Name _____ Signature _____ Date _____

I have been advised to place a credit card on file with my veterinarian choices, As Hooves Paws & Claws Pet Sitters cannot be held responsible for paying any veterinarian cost, and most veterinary clinic will not treat pets without prior payment arrangements.

My Credit card Number is _____ Type of Card _____
Expiration Date _____. I hereby authorize the veterinarian or veterinary clinic to charge this credit card according to the limits stated above.

Circle one

Keep my card number on file or Shred my card information at the end of service period

Client/Owner Name: _____

Client Signature: _____ Date: _____