



Pet Perfect LLC – Veterinary Release Form

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 Pet Perfect LLC (hereby known as the Service Provider/Pet Sitter), I give permission to the Service Provider to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the Pet Information form. Other veterinarians or emergency care clinics chosen by the Pet Sitter are acceptable if unable to see my preferred veterinarian.

I ask the Service Provider 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 the Service Provider will 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 the Service Provider to use its best judgment in handling these situations, and I understand that the Service Provider and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or the death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for 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 the Service Provider for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize the Service Provider and my primary veterinarian(s) to share all the medical records of all of my animals with veterinary clinics during an emergency, in the interest of providing the best care for my ill or injured animal(s).

Every dog, cat, ferret 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 the Service Provider of any signs of injury or possible illness before any visit as soon as the condition appears. I understand that the Service Provider reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. The Service Provider strives to provide clean, safe service to each of its clients. In doing so, the Service Provider strongly recommends that each pet and large animal 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 the Service Provider cares for one or more of my pets. I understand that this agreement applies to all the pets and large animals within the Service Provider'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.

Client/Owner Name: _____

Signature: _____ Date: _____

Pet Provider Representative: _____

Signature: _____ Date: _____