

## VETERINARY RELEASE AGREEMENT

In the event that my pet 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 Another Pet Service (APS), I give permission to APS to seek veterinary service from a veterinarian or veterinary clinic. My preferred veterinary service provider is listed on my Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask APS to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ (most common values are \$200, \$500, \$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 APS 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 APS care providers to use their best judgment in handling these situations, and I understand that APS and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet.

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 APS for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

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

Every pet 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 pet will remain current on its rabies vaccinations throughout each service period.

I agree to notify APS of any signs of injury or possible illness before any visit as soon as the condition appears. APS reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. APS strives to provide clean, safe service to each of our clients. In doing so, APS 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 APS cares for my pet. I understand that the agreement applies to all of the pets within APS care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animal(s) that will be scheduled to receive service.

Client PRINTED Name: \_\_\_\_\_ Date: \_\_\_\_\_

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