

# Farmhouse Animal Care, LLC

## Veterinary Care Authorization Form

In the event that any of my pet(s) 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 Farmhouse Animal Care, LLC (FAC), I give permission to FAC 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 FAC 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).

Pet Name & Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 FAC 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 FAC care providers to use their best judgment in handling these situations, and I understand that FAC and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s). FAC reserves the right to utilize the services of any available veterinary clinic. If time permits, FAC will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic. \*This form MUST be signed to authorize treatment.

Client Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

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 FAC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further authorize FAC 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 cat, dog or other pet at the site of service will be current (per my veterinarian's 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 FAC of any signs of injury or possible illness before any visit as soon as the condition appears. FAC reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. FAC strives to provide clean, safe service to each of our clients. In doing so, FAC strongly recommends that each pet be vaccinated, de-wormed, 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 FAC cares for one or more of my pets. I understand that this agreement applies to all of the pets within FAC 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. I authorize veterinary treatment for my animal during my absence. I understand that FAC assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

Client/Owner Name: Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_