



**SACRAMENTO
PET PALS**

PET CARE SERVICE

Sacramento Pet Pals

Phone: 916-800-2599

Email: service@sacpetpals.com

Website: SacPetPals.com

Sacramento Pet Pals (SPP) Veterinary Release waiver

VETERINARY RELEASE

In the event your pet experiences a medical event or emergency and you cannot be reached in a timely manner, you give us the authorization to seek medical attention from the veterinary facility of our choosing, and to make decisions on treatment recommendations from the attending veterinarian(s). You authorize the release of your pet's medical records from their regular veterinarian to aid in their care. Costs will be incurred for the medical assessment and care of your pet, and you accept full financial responsibility for such costs.

SEVERE MEDICAL EMERGENCIES

Please choose a Severe Medical Emergency Directive for each of your pets. You release Sacramento Pet Pals and the owner and employees of the veterinary clinic from any liability in honoring your selected Directive as described below:

If, in the opinion of the attending veterinarian(s), your pet's medical condition becomes terminal and hopeless, or death is imminent; or your pet is in a state of permanent unconsciousness; or your pet is suffering and it would be inhumane to keep your pet alive; or there is no reasonable expectation that your pet will recover and regain a meaningful quality of life; or your pet is in the terminal state of an irreversible fatal illness, disease, or condition; then, you direct that further treatment by life sustaining procedures, methods, and devices involving therapeutic or emergency care be:

Option A – withheld and withdrawn. I further direct that all treatments be limited to comfort and pain management measures only, even if they shorten my pet's life. I

authorize Pet Sitting Company to give consent on my behalf for humane euthanasia under these circumstances.

Option A Pet List:

Option B – initiated and continued indefinitely, regardless of the expected outcome and cost of treatment. I understand that even with treatment by life sustaining procedures, methods, and devices, and therapeutic and emergency care, my pet's condition may not improve, and my pet may die during treatment.

Option B Pet List:

The Client agrees to a maximum spending limit of \$_____per pet for emergency veterinary care. Any costs exceeding this amount will require prior approval from the Client or emergency contact.

By signing below, both parties acknowledge and agree to these Terms and Conditions.

Client Name: _____

Client Signature: _____

Date: _____

Service Provider Name: Sacramento Pet Pals Karen Khounnoraj

Service Provider Signature: _____


Date: _____