

Veterinary Release Form

Paws and Plan LLC requires all clients to complete a Veterinary Release Form. In the event of an emergency, **Paws and Plan LLC** will make every attempt to contact the owner, the secondary owner and the emergency contact. In the event that no contact can be reached, **Paws and Plan LLC** will seek appropriate medical care for your pet(s). **Paws and Plan LLC** will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, **Paws and Plan LLC** will bring your pet(s) to an appropriate clinic.

Veterinarian Information

Veterinarian Name		Office Name	
Address			
City	State	Zip Code	
Office Phone		Other Phone	

I _____ agree to the following:

Client Name

1. In the case of an emergency, I understand that **Paws and Plan LLC** will make every attempt to contact the primary owner, secondary owner and emergency contact.
2. If no contact can be reached, I authorize **Paws and Plan LLC** to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize **Paws and Plan LLC** to seek treatment for my pet(s) at any appropriate clinic, if necessary.
4. I give permission to Pet Sitting Company to approve treatment up to:
No limit \$250 \$500 \$1000 other \$ _____
5. I authorize **Paws and Plan LLC** and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
7. I understand that **Paws and Plan LLC** assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.

8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time **Paws and Plan LLC** cares for my pet(s).

Printed Name

Client Signature

Office Notes

Date

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Paws and Plan LLC