

Veterinary Release Form

In the event that any of my pets 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 Shawwna Moore or her staff, I give permission to Paws Claws and Moore Pet Sitting LLC to seek veterinary service from a veterinarian or a veterinary clinic.

I ask Paws Claws and Moore Pet Sitting LLC 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 Paws Claws and More Pet Sitting LLC works 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 Paws Claws and Moore Pet Sitting LLC to use best judgment in handling these situations, and I understand that Paws Claws and More Pet Sitting LLC assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

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 Paws Claws and Moore Pet Sitting LLC for emergency transportation, care, supervision, and will pay such fees within 14 days of each incident.

I further authorize Paws Claws and Moore LLC and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency. 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.

Paws Claws and Moore LLC (Shawwna Moore) has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. While Paws CLaws and Moore Pet Sitting LLC will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. Please file this form with my records.

Veterinarian Name _____ **phone #** _____

Emergency Hospital _____ **Phone#** _____

Client/ Owner Signature: _____ **Date** _____

