



## Grandma's House Pet Care, LLC d/b/a "Grandma's Here!" Pet Sitting Veterinary Release Form

Grandma's House Pet Care, LLC (GHPC) requires that all clients complete a Veterinary Release Form. In the event of an emergency, GHPC will make every attempt to contact the owners and emergency contact(s). If no listed contacts can be reached, GHPC will seek appropriate medical care for your pet(s). GHPC will make every attempt to take your pet(s) to the Veterinarian listed below. However, if your Veterinarian is not available, GHPC will seek treatment for your pet(s) with the nearest available veterinarian.

### Veterinarian Information

Veterinarian Name	Clinic Name
Clinic Phone	Other Phone

I, \_\_\_\_\_, agree to the following:  
Client Name

1. In the case of an emergency, I understand that GHPC will make every attempt to contact the primary owner(s) and/or emergency contact(s).
2. If no contact can be reached, I authorize GHPC 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 GHPC to seek treatment for my pet(s) at any available clinic, if necessary.
4. I give permission to GHPC to approve treatment costs up to \$\_\_\_\_\_. Should proper treatment be estimated to exceed this pre-set limit, GHPC will make every effort to contact me prior to authorizing services to determine a plan of action.
5. I authorize GHPC and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in order to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for all necessary veterinary services rendered.
7. I understand that GHPC assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment, and expenses unless loss or injury is the direct result of GHPC and/or its employees.
8. In the unfortunate event that my pet should pass away during my absence, I **would/would not** (please circle one) like to be contacted immediately. I request that GHPC do the following with my pet's remains: \_\_\_\_\_
9. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time GHPC cares for my pet(s). I understand that I may occasionally be asked to verify this information and make any changes or updates as needed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Office Notes: \_\_\_\_\_

\_\_\_\_\_