



Veterinary Care Release Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence.

Full Name: _____

Partner's Name: _____

Address: _____

Primary Phone: _____

Usually there is no need for veterinary care while you are away. But what happens if your pet does require medical care? Your pet's health and wellbeing is of utmost importance. We need your authorization in order to get your pet the medical attention it may need in case of an emergency. Please take the time to notify your vet that you will be using our services. Talk with your vet about his/her policies in regard to caring for your animals while you are away. You should also check with emergency centers in your area. Veterinary services are a separate contract between you and the vet's office. You are responsible for paying all veterinarian expenses and any expenses we may incur in getting your pets the medical attention they may need.

During my absence, a representative of Shirley's Purrfect Pet Sitting will be caring for my pet(s). I give them my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize Shirley's Purrfect Pet Sitting to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for charges incurred in the treatment of my pet(s) not to exceed the following amounts:

Pet Name #1: _____ Cost Limits: _____

Care Specifics: _____

Pet Name #2: _____ Cost Limits: _____

Care Specifics: _____

Pet Name #3: _____ Cost Limits: _____

Care Specifics: _____



Shirley's Purrfect Pet Sitting reserves the right to utilize the services of any available veterinary clinic. If possible, we will 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.

Veterinary Office Name: _____

Preferred Veterinarian: _____

Address: _____

Phone: _____

Do you have pet health insurance? Y / N _____

Veterinary Authorization - I authorize that Shirley's Purrfect Pet Sitting and any staff veterinarian at your vet clinic, or emergency vet clinic, have authorization to make medical decisions regarding the care of my pets during my absence if I cannot be reached. I agree not to hold any party liable for competently performing treatment that does not succeed. Further, veterinary services are a separate contract between the pet owner and the vet clinic and the pet owner is responsible for any veterinary charges. I also agree to reimburse Shirley Kmett, Shirley's Purrfect Pet Sitting for any expenses incurred in getting my pets the medical attention they may require. I authorize veterinary treatment for my animal(s) during my absence. I understand that Shirley's Purrfect Pet Sitting assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____