

# Feline's Friend<sup>SM</sup> Pet Sitting Service

## *Veterinary Release Form*

In the event that any of my pets appear to be ill, injured, or at significant risk of experiencing a medical problem at the start of service, or in the care of Feline's Friend Pet Sitting, I give permission to Feline's Friend Pet Sitting to seek veterinary service from a veterinarian or veterinarian clinic. My preferred veterinary service is: \_\_\_\_\_ Phone: \_\_\_\_\_ located at: \_\_\_\_\_.

Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask Feline's Friend Pet Sitting 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, \$500, \$1,000, or unlimited). Pet Health Insurance information if purchased: \_\_\_\_\_

I understand that efforts will be made to contact me regarding any treatment, illnesses, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Feline's Friend Pet Sitting care providers work 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 Feline's Friend Pet Sitting care providers to use their best judgment in handling these situations, and I understand that Feline's Friend Pet Sitting and its staff assume 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 service 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 Feline's Friend Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Feline's Friend Pet Sitting and my primary veterinarian to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured pet(s).

Every dog and cat at the site of service will be current (per my veterinarians recommendation) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Feline's Friend Pet Sitting of any signs of injury or possible illness before any visit as soon as the condition appears. Feline's Friend Pet Sitting reserves the right to cancel service at any locations where a pet with a potentially infectious condition exists. Feline's Friend Pet Sitting strives to provide clean, safe service to each of our clients. In doing so, Feline's Friend Pet Sitting recommends that each pet be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Feline's Friend Pet Sitting cares for my pet(s). I understand that this agreement applies to all pet's within Feline's Friend Pet Sitting's care. In signing this contract, 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.

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Client/Owner Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_