



Paws and Exotics Pet Care Services

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 Paws and Exotics Pet Care Services, I give permission to Paws and Exotics Pet Care Services to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinarian is listed on the Pet Information Sheet. Other veterinarians or emergency care clinics chosen by the Dog Walker/ Sitter are acceptable.

I ask Paws and Exotics Pet Care Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet (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 and Exotics Pet Care Services care provider's 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 Paws and Exotics Pet Care Services care providers to use their best judgment in handling these situations, and I understand that Paws and Exotics Pet Care Services 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 services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies and boarding. Such payments will be made within 7 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Paws and Exotics Pet Care Services for emergency transportation, care, supervision or hiring of emergency caregivers, and will pay such fees within 7 days of each incident. I further authorize Paws and Exotics Pet Care Services and my primary veterinarian(s) 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 animal(s).

Every dog and cat at the site of service will be current (per pet's veterinarian's recommendations) on its necessary care, rabies and other vaccinations prior to the arrival of any caregiver. Further, each animal will remain current on its necessary care, rabies and other vaccinations throughout each service visit period.

I agree to notify Paws and Exotics Pet Care Services of any signs of injury or possible illness before any visit as soon as the condition appears. Paws and Exotics Pet Care Services reserve the right to cancel service at any location where a pet with a potentially infectious condition exists. Paws and Exotics Pet Care Services strive to provide clean, safe service to each of our clients. In doing so, Paws and Exotics Pet Care Services strongly 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 Paws and Exotics Pet Care Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within Paws and Exotics Pet Care Services' 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.

Client/Owner Printed Name: _____

Client Signature: _____

Date: _____