

Paw Prints Pet Services LLC

Veterinary Release Agreement



If any of my pets appears to be ill, injured or at significant risk of experiencing a medical problem while in the care of Paw Prints Pet Services, I give permission to Paw Prints Pet Services to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the Pet Care Provider are acceptable.

I ask Paw Prints Pet Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet (most common values are \$500, \$1000, or unlimited). Please keep in mind, emergency vet care can be costly so choose a value that will allow for adequate treatment. Paw Prints Pet Services or its representatives will make every attempt to contact the owner(s) and the emergency contact. I agree to allow Paw Prints Pet Services Care Providers to use their best judgment in handling these situations, and I understand that Paw Prints Pet Services and its representatives 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 all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medication, 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 Paw Prints Pet Services for emergency transportation, care, supervision or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further authorize Paw Prints Pet Services and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in the interest of providing the best care possible.

I agree to notify Paw Prints Pet Services of any signs of injury or possible illness before any visit as soon as the condition appears. Paw Prints Pet Services reserves the right to cancel service for a pet with a potentially infectious condition. Paw Prints Pet Services requires each pet to receive appropriate standards of care and be vaccinated, dewormed, and protected from harmful pests 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 Paw Prints Pet Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within Paw Prints Pet 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. **Please provide a copy of this Veterinary Release form to your primary veterinarian to keep on file along with your current credit card information.**

Client/Owner Printed Name: _____

Client Signature: _____ Date: _____