

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 care from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the Pet Information Disclosure. However, I consent Paw Prints Pet Services to choose the veterinarian or emergency care clinic of its choice, at its discretion.

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 \$1,000 / \$5,000 / \$10,000 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 me and my emergency contact. However, I agree to allow Paw Prints Pet Services to use its best judgment in handling these situations. I understand that Paw Prints Pet Services and its representatives assume no responsibility for the actions and decisions of the veterinary staff for 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. I understand and agree that I am 100% liable legally and financially for the Pet and the Pet's actions at all times, and I assume all risks and liability related to the Pet and this Agreement. I will make such payments within 14 days of the initial incident. I also agree to be responsible for all additional service fees assessed by Paw Prints Pet Services such as, but not limited to, emergency transportation, care, supervision, or hiring of emergency caregivers and I will pay such fees within 14 days of each incident. I further authorize any veterinarian(s) who have provided or will provide services to my pet(s) to share all of the medical records of all of my animals with Paw Prints Pet Services and veterinary clinics in the interest of providing the best care possible to my pet(s).

I agree to notify Paw Prints Pet Services of any signs of injury or possible illness before any care service as soon as the condition appears. Paw Prints Pet Services reserves the right to cancel service for a pet with a potentially infectious or contagious condition. Paw Prints Pet Services requires me to provide my pet(s) with the appropriate standards of care and to be vaccinated, dewormed, and protected from harmful insects and parasites according to veterinarian recommended standards.

This agreement is valid from the date the Client signs this Agreement 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 Service's care. **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: _____