



ESTELLA'S PET SITTING

602-738-0009

ThePetSitter4U@earthlink.net



VETERINARY MEDICAL CARE RELEASE FORM

In the event of a medical emergency where Estella's Pet Sitting cannot contact you to authorize care immediately and directly, Estella's Pet Sitting will use this form to obtain care. A copy of this form will be faxed to your vet to be placed in your file to expedite any emergency care needed.

Please PRINT clearly in blue or black ink

PRIMARY VETERINARIANS INFORMATION

Name of Vet Hospital or Clinic:

Address:

Nearest Cross Streets:

Phone: - - Fax: - -

Preferred Doctor:

I, _____ (pet owner) hereby give Estella's Pet Sitting my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if the Primary Vet office is not available). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I understand that Estella's Pet Sitting will try to contact me as soon as possible in the event of a medical emergency. If Estella's Pet Sitting cannot contact me, I give permission to Estella's Pet Sitting to approve treatment up to \$_____ per pet (most common values are \$200, 500, \$1000 or unlimited).

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 fourteen (14) days of the initial incident. I also agree to be responsible for all special services fees assessed by Estella's Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers and will pay such fees within fourteen (14) days of each incident. Estella's Pet Sitting will add a finance charge of five (5%) per month to unpaid balances after thirty (30) days.

List of Pets:

Name:	Description or Breed:
Name:	Description or Breed:
Name:	Description or Breed:
Name:	Description or Breed:

If anything changes from what is listed above I will inform Estella's Pet Sitting in writing before the next service is scheduled to begin.

This agreement is valid from the date below and authorizes future veterinary care without the need for additional authorization each time Estella's Pet Sitting cares for one, or more, of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

X _____
Signed Name

X _____
Printed or Typed Name

Date, mm/dd/yy

BONDED AND INSURED