



Your Pets' Pal
Pet Sitting & Taxi Services
 (770)905-5083
 www.yourpetspalnow.com

Veterinary Treatment Authorization

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 **Your Pets' Pal Pet Sitting**, I give permission to **Your Pets' Pal Pet Sitting** to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinarian is listed below. However, if unavailable, other veterinarians or emergency care clinics chosen by **Your Pets' Pal Pet Sitting** are acceptable.

I ask **Your Pets' Pal Pet Sitting** 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 **Your Pets' Pal Pet Sitting** works 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 **Your Pets' Pal Pet Sitting** to use their best judgment in handling these situations, and I understand that **Your Pets' Pal Pet Sitting** assumes 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 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by **Your Pets' Pal 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 **Your Pets' Pal Pet Sitting** 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).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time **Your Pets' Pal Pet Sitting** cares for one or more of my pets. I understand that this agreement applies to all of the pets within **Your Pets' Pal Pet Sitting** 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.

Vet's Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

If, during your absence, the death of your pet(s) occur, what arrangements would you like me to make?

Client/Owner Name: _____

Signature: _____ Date: _____

Your Pets are Pawsitively Our Top Priority