



## Veterinary Release Agreement

In the event that any of my pets appear to be ill, injured, or at significant risk of experiencing a medical problem while in the care of KMPETSITTING, LLC, I give permission to my Sitter to seek veterinary services from a veterinarian or a veterinary clinic, after receiving approval from me or my Emergency Contact(s). My preferred veterinary clinic/doctor is listed as follows: \_\_\_\_\_ . Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable in the event my preferred vet is unavailable. \_\_\_\_\_ initials

I understand that my Sitter will contact me and/or my Emergency Contact(s) with details of the situation involving my pet for approval to move forward with medical treatment. Sitter will let me know the Veterinary location my pet has been accepted to so I can proactively contact that Veterinary office to provide my contact information and payment details. Once my pet has been dropped off at the veterinary office, I understand my Sitter will inform the Vet of the specific details for the reason of the visit. I understand that KMPETSITTING, LLC does not have ANY authority to direct the Vet to run tests, perform procedures, or make any decisions as to the welfare of my pet. If your pet must stay for tests/procedures, Sitter will leave your pet in Vet's care and Client/Owner will remain in contact with Vet to make all decisions for treatment/care. If your pet is released by Vet to return home, Sitter can take pet home or return to transport pet home and move forward with Vet's protocol for care. I understand that KMPETSITTING, LLC works hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I understand that KMPETSITTING, LLC assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I assume full responsibility for payment to the veterinary office (providing credit card to veterinary office to move forward with care/tests) and if necessary, reimburse KMPETSITTING, LLC for any veterinary fees they may incur on behalf of my pet, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. If KMPETSITTING, LLC is somehow required to pay for such services, reimbursement will be made within 7 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by KMPETSITTING, LLC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 7 days of each incident.

I further authorize KMPETSITTING, LLC 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).

**\*I attest that every pet at the site of services will be current (per my veterinarian's recommendations) on its rabies and other necessary vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies and other necessary vaccinations throughout future service periods.**

I agree to notify KMPETSITTING, LLC of any signs of injury or possible illness before any visit as soon as the condition appears. KMPETSITTING, LLC reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. KMPETSITTING, LLC strives to provide clean, safe service to each of our clients. In doing so, KMPETSITTING, LLC 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 I understand KMPETSITTING, LLC will seek authorization from me or my emergency contact prior to taking our pet(s) to either our preferred veterinary clinic or (if initialed above) an alternate clinic/emergency vet if preferred vet is not available. I understand that this agreement applies to all of my pets within KMPETSITTING LLC's care. By 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 Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_