

**CRITTER SITTER
OF ATLANTIC COUNTY, LLC**



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VETERINARY RELEASE AGREEMENT

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 Critter Sitter of Atlantic County, LLC, I give permission to Critter Sitter of Atlantic County, LLC to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask Critter Sitter of Atlantic County, LLC to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet/all pets. 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 Critter Sitter of Atlantic County, LLC care providers work 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 Critter Sitter of Atlantic County, LLC care providers to use their best judgment in handling these situations and I understand that Critter Sitter of Atlantic County, LLC and their staff 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 for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all Special Service fees assessed by Critter Sitter of Atlantic County, LLC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within fourteen (14) days of each incident.

I further authorize Critter Sitter of Atlantic County, 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 of my ill or injured animal(s).

Every dog, cat or other pet at the site of service will be current (per my veterinarians recommendation) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Critter Sitter of Atlantic County, LLC of any signs of injury or possible illness before any visits as soon as the condition appears. Critter Sitter of Atlantic County, LLC reserves the right to cancel service at any location where a pet with a potentially infectious condition exists.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Critter Sitter of Atlantic County, LLC cares for one or more of my pets. I understand that this agreement applies to all of the pets within Critter Sitter of Atlantic County, LLC's 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.

Client/Owner:

Client Signature: _____

Date: _____

The charges for any clinic/veterinarian visit or treatment will be applied to my account if the veterinarian will do so.

I hereby authorize the attending clinic/veterinarian to charge my account for diagnosis and treatment of my pet up to the above agreed upon amount.

Credit Card Information:

Credit Card Type: Visa MasterCard Discover American Express

Name on Credit Card: _____

Credit Card No.: _____

Security No.: _____

Expiration No.: _____

Pet Owner: _____

Client's Signature: _____

Date: _____