



LT Pet Sitting LLC

803 315 9977

3laurathomas@gmail.com

Veterinary Medical Care Release Form

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

Primary Veterinarians Information

Name of Vet Hospital or Clinic: _____

Address: _____ Phone: _____

Name of preferred Doctor: _____

I, _____ (pet/animal owner), hereby give LT Pet Sitting LLC my express permission to transport any of my animals/pets for care to the above-mentioned veterinarian (or to closest open facility if the primary vet office is not available). I understand that LT Pet Sitting LLC will try to contact me as soon as possible in the event of a medical emergency.

If LT Pet Sitting LLC cannot contact me, I give permission to LT Pet Sitting LLC to make medical treatment decisions and approve charges up to \$_____ per animal/pet (most common values are \$200, \$1000, or unlimited). I give permission to the hospital/clinic/doctor to administer any care or medications necessary.

I will keep a copy of my credit card on file with my veterinarian or make prior arrangements with my vet. 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. I also agree to be responsible for all fees assessed by LT Pet Sitting LLC for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 7 days of service ending/my return.

I warrant that all known medical and behavioral history of my pet(s) has been disclosed to LT Pet Sitting LLC. I specifically represent that my pet(s) has/have not been exposed to rabies within thirty days immediately prior pet sitting. I further state that my pet(s) is/are current on all vaccinations or that exceptions have been discussed with LT Pet Sitting LLC.

Veterinary Medical Care Release Form – page 2

List of Animals:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

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 LT Pet Sitting LLC before the next service is scheduled to begin.

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

Each party agrees that this contract and any other documents to be delivered herewith may be electronically signed, and that any electronic signature appearing on this contract and other attached documents are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Client/Owner Name: _____

Signature: _____

Date: _____