



## Shari's Pet Sitting – Veterinary Release Agreement

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In the event that any of my pets or large animals 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 Shari's Pet Sitting, I give permission to Shari's Pet Sitting 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 Shari's Pet Sitting to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per pet / all pets (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 Shari's 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 Shari's Pet Sitting to use their best judgment in handling these situations, and I understand that Shari's 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.

I further authorize Shari's 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).

I agree to notify Shari's Pet Sitting of any signs of injury or possible illness before any visit as soon as the condition appears.

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

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Client/Owner Name:

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