



Paw-fectly Pampered Pet Sitting

Veterinary Care Release

209-226-5100

pawfectlypampered@gmail.com

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

Primary Veterinarians Information

Name of Vet Hospital or Clinic: _____

Address: _____ Phone: _____

Name of preferred Doctor: _____

I, _____ (pet owner) hereby give Paw-fectly Pampered Pet Sitting my express permission to transport any of my pets for care to the above-mentioned veterinarian (or to closest open facility if the primary vet office is not available).

Alternate Vet Hospital or Clinic: _____

Address: _____ Phone: _____

I understand that Paw-fectly Pampered Pet Sitting will try to contact me as soon as possible in the event of a medical emergency. If Paw-fectly Pampered Pet Sitting cannot contact me, I give permission to Paw-fectly Pampered Pet Sitting to make medical treatment decisions and approve charges up to \$_____ per pet (most common values are \$200, \$1000 or unlimited). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

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.

Please make sure your vet office has either a copy of your credit card information on file in order to charge any services required, or that they are willing to charge and bill you for services rendered.

Pet Owner: _____

Signature: _____ Date: _____
