

PUPPERIE PAWS IN MOTION

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 at the start of service or while in the care of Pupperie, I give my permission to Pupperie 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 Pupperie is acceptable.

I ask Pupperie 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 any and all Pupperie employees are diligent in assuring there are no accidents and/or injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow any and all members of Pupperie to use their best judgment in handling these situations, and I understand that Pupperie 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, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 7 days of the initial incident. I also agree to be responsible for all Special Service Fees assessed by Pupperie for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 7 days of each incident.

I further authorize Pupperie and any of 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).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations throughout each service visit period.

I agree to notify Pupperie of any signs of injury or possible illness before any visit as soon as the condition appears. Pupperie reserves the right to cancel service at an location where a pet with a potentially infectious condition exists. Pupperie strives to provide clean, safe service to each of our clients. In doing so, Pupperie strongly recommends that each pet be vaccinated, de-wormed, and protected from harmful insects according to veterinarian recommended standards.

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

Pet Parent: _____

Pet Parent: Signature: _____

Date: _____