



Veterinary Release

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 Exceptional Pet & House Sitting (EPHS), I give permission to seek veterinary service from a veterinarian or a veterinary clinic.

I ask EPHS 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 EPHS 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 EPHS to use their best judgment in handling these situations, and I understand that EPHS 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. I also agree to be responsible for all Special Service fees assessed by EPHS for emergency transportation, care, supervision, or hiring of emergency caregivers.

I further authorize EPHS 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 EPHS of any signs of injury or possible illness before any visit as soon as the condition appears. EPHS strives to provide clean, safe service to each of our clients. In doing so, it is recommended 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 EPHS cares for one or more of my pets. I understand that this agreement applies to all of the pets within the care of EPHS. 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 Name:

Pet(s) Name(s):

Preferred Veterinarian:

Client Signature: _____ Date: _____

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