The DogSmith Veterinary Release

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 DogSmith Pet Care Technician, I give permission to DogSmith Pet Care Technician to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information forms. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask the DogSmith Pet Care Technician to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of $_____ per pet / all pets 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 the DogSmith Pet Care Technician care providers work 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 DogSmith Pet Care Technician care providers to use their best judgment in handling these situations, and I understand that DogSmith and its staff assume 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 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by DogSmith for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize DogSmith 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).

Every pet at the service site will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify DogSmith of any signs of injury or possible illness before any visit as soon as the condition appears. DogSmith Pet Care Technicians reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. DogSmith Pet Care Technicians strives to provide clean, safe service to each of our clients. In doing so, DogSmith Pet Care Technicians strongly recommend that each pet and large animal be vaccinated, dewormed, 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 DogSmith Pet Care Technicians care for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within DogSmith Pet Care Technician 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.

Client Name: Client Signature: Date:	Your Veterinarian Emergency Number is