



Veterinary Information and Medical Care Release

In the event of a veterinary emergency, Pompton Pet Sitters will make reasonable efforts to contact you. However, should we be unable to reach you, or in our best judgment, attempting to contact you would delay care to your pet in an emergency, Pompton Pet Sitters will use this form as authorization from you to obtain care.

Veterinarian Information

Name of veterinarian or animal hospital: _____
Phone: _____ Address: _____

Release

I, _____, expressly give Pompton Pet Sitters, their employees, agents, or independent contractors, permission to transport my pet to the above veterinary clinic or hospital, or to any other veterinary clinic or hospital, in order to administer medical care. I understand that Pompton Pet Sitters will attempt to contact me if circumstances allow, however, I also understand that if I cannot be reached, Pompton Pet Sitters may be required to seek and authorize care for my pet.

In the event that Pompton Pet Sitters cannot contact me, I give permission to Pompton Pet Sitters to approve treatment for my pet up to \$_____. I understand that I am responsible for payment or reimbursement of any expenses related to any veterinary services, including but not limited to, diagnosis, treatment, medications, supplies, boarding and grooming. In addition, if Pompton Pet Sitters assesses additional fees for time, transportation, care or any other activity related to a veterinary emergency, sickness or injury, I agree to pay same. Unless otherwise agreed, payment will be due within 30 days of the date of the incident or injury.

Pets (Name and description of each):

Print name: _____

Signed: _____

Date: _____