



a pet . . . a special member of the family

PET STEPS SITTERS 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 PSS, I give permission to PSS to seek veterinary service from a Veterinarian or a Veterinary clinic. My preferred Veterinarian is listed on the Individual Pet Information Disclosure. Other Veterinarians or Emergency Care Clinics may be chosen by the pet sitter are acceptable.

I request PSS to inform the attending clinic or Veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet (dollar amount or unlimited). This agreement is signed with the understanding that all efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as they arise if deemed not life threatening. I understand that PSS providers work hard to prevent accidents and injuries, and that situations may occur that are out of their control. I agree to allow PSS to use their best judgment in handling these situations, and I understand that PSS staff 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 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by PSS for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize PSS 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 dog, cat, and small pet at the site of service 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 PSS of any signs of injury or possible illness before any visit as soon as the condition appears. PSS reserves the right to cancel service at any location where a pet with a

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potentially infectious condition exists. PSS strives to provide clean, safe and professional service to each of our clients. In doing so, PSS strongly recommends 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 PSS cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within PSS 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 Owner's Name: _____

Pets Name: _____

Signature:

Date:

****Our company reserves the right to decline services for aggressive animals.***