

# PET MEDICAL CONSENT AND RELEASE FORM

## MUST BE COMPLETED PRIOR TO FIRST VISIT

I, \_\_\_\_\_, authorize the **All About Purrs pet sitter** caring for my pet(s), to seek veterinary treatment for \_\_\_\_\_  
List Pet Names  
during my absence based on the conditions outlined in this consent and release form.

I understand that every attempt will be made to utilize my preferred veterinarian noted below; however, in the event of an emergency, and at the pet sitter's discretion, I authorize the pet sitter to have my pet(s) treated at the nearest veterinary office or emergency clinic.

I acknowledge that accidents, are by definition, unforeseeable and treatments vary accordingly. I accept all financial responsibility for costs arising from such treatment and I am bound by the attending veterinary practices' payment and/or insurance policies. If my pet(s) are covered by a pet insurance policy, I understand it is my responsibility to include this information on the reverse side of this form or in the All About Purrs client portal.

I understand every attempt will be made by pet sitter to contact me in the event that such treatment becomes necessary but I recognize that in my absence, pet sitter or the veterinary practice may not be able to establish contact, in which case I am making my treatment wishes known below:

**I consent for every effort to be made to treat my pet's condition, EXCEPT FOR THE EXCLUSIONS**

**INITIALED HERE: X-Rays \_\_\_\_\_ Anesthetic \_\_\_\_\_ Surgery \_\_\_\_\_ Other: \_\_\_\_\_**

**I request that treatment be stopped should expenses exceed \$ \_\_\_\_\_.**

**Should euthanasia be the recommended professional veterinary solution for my pet's condition:**

**I DO / DO NOT (circle one) authorize the attending veterinarian to administer this treatment in my absence. If I decline authorization, I accept full financial responsibility for any treatment deemed necessary and without limit, to sustain the life of my pet until I can be present or can give written consent.**

I understand it is my responsibility to update the above information should my wishes change as well as to keep All About Purrs up to date on current medical conditions and history for my pet(s), and any changes to my preferred veterinarian. (Request new form at AllAboutPurrs@cs.com)

In addition, I agree not to hold All About Purrs, Lisa Emrich or All About Purrs' pet sitters or representatives liable for the outcome of such treatment, and unless All About Purrs, Lisa Emrich or All About Purrs' pet sitters or representatives can be found criminally negligent, the aforementioned cannot be found responsible for the cause of such accident or injury.

\_\_\_\_\_  
*Pet Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Cell Phone#*

### **Preferred Veterinarian / Pet Hospital**

Animal Hospital Name \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_