



## RELEASE FOR MEDICAL ATTENTION

If any of my pets become ill or is injured, I request that the Owner of Pawsitively Petsitting, Carole Hopkins, or an employee of Pawsitively Petsitting take the pet to:

Veterinarian Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- ❖ Owner approves treatment up to the amount of: \$ \_\_\_\_\_ (ALL attempts will be made to contact the Pet Owner prior to any Emergency Veterinary Visit!)
- ❖ Pawsitively Petsitting **charges a fee of \$100 for Emergency Veterinary Care**, such as transport to and from Hospital and time attended with Veterinary Staff.
- ❖ If the veterinary office named above is unavailable, I authorize Pawsitively Petsitting to take my pet(s) to another veterinary office for treatment. I understand Pawsitively Petsitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.
- ❖ Please leave a full and complete list of Emergency contacts during your absence. By signing below, I assume full responsibility for payment and/or reimbursement to Pawsitively Petsitting for veterinary services rendered for my pets.
- ❖ This agreement is valid whenever Pawsitively Petsitting cares for my pet.

### PAWSITIVELY PETSITTING MEDICAL STANDARDS ARE AS FOLLOWS:

1. Indoor Pets Only – Outdoor Pets are considered ONLY if provided access to heated/cooled covered shelter.
2. No Fleas present on pets or in home. Year Round Heartworm and Flea Prevention is required.
3. Medical Conditions such as skin allergies, ear infections, illness and geriatric pets MUST be under the current care of a veterinarian or service will be declined.
4. Pets must be provided with proper care. I take this very seriously ~Thank you for understanding!

Pet Owner Signature \_\_\_\_\_

Pet Owner Name (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_