



Veterinarian Release

To: _____
 (Name of Veterinary Clinic • Please Print)

• In the event of illness or injury to my pet(s), I hereby authorize All Paws N' Claws Pet Care Service, LLC, as my pet sitter, to bring my pet(s) in for whatever medical treatment that may be required.

• I will assume all responsibility upon my return for payment of all services rendered. If my specific veterinarian is not available for any reason, or the emergency should occur after office hours, I further authorize my pet sitter to take my pet(s) to _____ or the nearest emergency veterinary clinic which can render assistance.

• I am limiting the service amount to \$_____ per pet.

• If more than one pet needs treatment at one time I am limiting the service amount to \$_____ total.

• I further authorize All Paws N' Claws and my regular vet to share all of the medical records of all my pets with veterinary clinics in an emergency to help provide the best possible care for my ill or injured pet(s).

• I agree to notify All Paws N' Claws of any signs of injury or possible illness before any visit as soon as the condition appears. All Paws N' Claws reserves the right to cancel service at any location where a pet with a potentially infectious condition exists.

• This agreement is valid from the date below and grants permission for future vet care without the need for additional authorizations each time All Paws N' Claws cares for one of my pets.

Pet(s) Name	Species	Breed	Sex	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Printed Name _____ Date: _____

Client Signature _____