ELISABET'S DOG WALKING, TRAINING AND PET SITTING

VETERINARY CARE AUTHORIZATION & RELEASE

If a pet becomes ill or injured while in our care, we will make reasonable attempts to contact the client and emergency contact. If neither can be reached promptly, this form authorizes Elisabet's Dog Walking, Training and Pet Sitting to obtain veterinary care according to the directions below.

CLIENT AND PET INFORMATION

CLIENT NAME

PRIMARY PHONE

PET NAME(S)

SPECIES / BREED / IDENTIFYING DETAILS

VETERINARIAN AND EMERGENCY CONTACT

VETERINARY OFFICE

VETERINARY PHONE

VETERINARY ADDRESS

EMERGENCY CONTACT

RELATIONSHIP

EMERGENCY PHONE

TREATMENT AUTHORIZATION

Maximum amount I authorize per veterinary incident (select one):

○ $500 ○ $1,000 ○ $2,500 ○ No preset limit ○ Other: $ _____

If delay could cause serious harm, may reasonable stabilization exceed this limit?

○ Yes ○ No

CLIENT AUTHORIZATION

1. I authorize the business to transport my pet(s) and seek veterinary assessment or treatment if an emergency or urgent health concern arises while my pet(s) are in its care.
2. The business will try to use the veterinary office listed above. If that office is unavailable or circumstances require faster care, I authorize treatment at an appropriate emergency or general veterinary clinic.
3. I authorize the treating veterinarian to share relevant medical information with the business, my regular veterinarian, and another clinic involved in my pet's care.
4. I accept full financial responsibility for veterinary services provided under this authorization. If the business advances payment, I agree to reimburse the business promptly upon receipt of documentation.
5. I understand that the business will make good-faith decisions based on the information available and the veterinarian's recommendations. I release the business from financial responsibility for authorized veterinary costs, except to the extent caused by its negligence or willful misconduct.
6. This authorization applies whenever the business is caring for my pet(s) and remains effective until I revoke or replace it in writing.

☐ I have reviewed this form and confirm that the information provided is accurate.

CLIENT SIGNATURE / TYPED LEGAL NAME

DATE

Keep a copy with your client records. Update whenever veterinary or emergency-contact information changes.