



Veterinary Release Agreement

In the event that my pet(s) appears to be ill, injured, or at significant risk of experiencing a medical problem while in the care of Walk, Wag, 'N More, I give permission to Walk, Wag, 'N More to seek veterinary service. My preferred veterinary services are listed on each individual Pet Information Form. In the case that it is after hours or my veterinarian is closed, other veterinarians or emergency care clinics chosen by Walk, Wag, 'N More are acceptable.

I ask Walk, Wag, 'N More to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet / all pets (most common values are \$200, \$1,000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as possible. I understand that Walk, Wag, 'N More works hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Walk, Wag, 'N More to use their best judgment in handling these situations and I understand that Walk, Wag, 'N More 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. Reimbursement will be made to Walk, Wag, 'N More immediately following the incident or upon my return home. I also agree to be responsible for all special service fees assessed by Walk, Wag, 'N More for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within the time limit stated above.

I further authorize Walk, Wag, 'N More 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 pet at the site of service will be current on its rabies vaccination prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccination throughout each service visit period. It is my responsibility to contact Walk, Wag, 'N More when my pets shot records are updated, so they have the most current information on file.

I agree to notify Walk, Wag, 'N More of any signs of injury or possible illness before any visit as soon as the condition appears. Walk, Wag, 'N More reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Walk, Wag, 'N More strives to provide clean, safe service to each of our clients. In doing so, Walk, Wag, 'N More strongly recommends that each pet be vaccinated, de-wormed, 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 Walk, Wag, 'N More cares for one or more of my pets. In signing this contract, I agree to all the terms above.

Client/Owner Name: _____

Client Signature: _____ Date: _____