



Veterinary Release Form

Seacoast Horse & Pet Sitting

48 Old Rowley Road

Newbury, MA 01951

978.204.5519

www.horsesit.com

In the event that any of my pets /large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Seacoast Horse & Pet Sitting, I give my permission to Seacoast Horse & Pet Sitting to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the forms provided by Seacoast Horse Sitting. Other veterinarian care clinics chosen by the pet sitter are acceptable in an emergency.

I ask Seacoast Horse & Pet Sitting to inform the attending clinic or veterinarian of my treatment limit of _____ per pet / all pets (common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Seacoast Horse Sitting care providers work 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 Seacoast Horse Sitting care providers to use their best judgment in handling these situations, and I understand that Seacoast Horse Sitting and its staff assume 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. Such payments will be made in accordance of the normal terms of my preferred veterinarian. I also agree to be responsible for any and all fees for increased care provided by Seacoast Horse & Pet Sitting due to an emergency.

I further authorize Seacoast Horse & Pet Sitting and my veterinarian(s) to share all medical records for all of my animals with other veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

All dog, cat, horse and barn yard animals at the site of service will be current (per my veterinarians recommendations) on its rabies and/or recommended vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its vaccinations throughout each service visit.

I agree to notify Seacoast Horse & Pet Sitting of any signs of injury or possible illness before any visit as soon as the condition appears. Seacoast Horse & Pet Sitting 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 veterinary care without the need for additional authorization each time Seacoast Horse & Pet Sitting cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Seacoast Horse & Pet Sittings care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decision regarding the animals that will be scheduled to receive service.

Owner Name: _____

Signature: _____ Date: _____