Leah J. Mangham 512.376.1200 Leah@JustLikeHomePetCare.org

## **Veterinary Release Form**

In the event that any of my pets 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 Just Like Home Pet Care and More, I give permission to Just Like Home to seek veterinary services from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on page two. If my veterinarian is unavailable other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is determined to not be life threatening. I understand that Just Like Home 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 Just Like Home to use their best judgment in handling these situations, and I understand that Just Like Home 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 within 14 days of the initial incident for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all Special Service fees assessed by Just Like Home for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. (We recommend putting your credit card information on file with your primary veterinarian).

I further authorize Just Like Home 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 dog and cat at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I will to notify Just Like Home of any signs of injury or possible illness before any visit as soon as the condition appears. Just Like Home reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Just Like Home recommends that each pet be vaccinated, dewormed, 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 Just Like Home cares for one or more of my pets. I understand that this agreement applies to all of the pets in my care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client's Printed Name :	
Signature & Date:	
Leah J Mangham, Owner Just Like Home Pet Care and More	(initial)

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## Just Like Home Pet Care Where Your Pet is Family

Leah J. Mangham 512.376.1200 Leah@JustLikeHomePetCare.org

## **Veterinary Release Form** Hospital and Vet's name: To the Hospital: Just Like Home has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Just Like Home will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. Please file this form with my records. Pet Owner: My requested total diagnosis and treatment limit of \$200, \$1000, unlimited. I understand that Just Like Home assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. My pet(s) has/have the following health conditions: This consent for treatment has no expiration date unless otherwise noted. Client's Printed Name :\_\_\_\_\_ Signature & Date:\_\_\_\_

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Leah J Mangham, Owner Just Like Home Pet Care and More\_\_\_\_\_ (initial)