

attention to De-tail Dog Walking and House Sitting

(Therein referred to as "attention to De-tail")

Vet Release

Dog or Cat Information

Name: _____ Breed: _____ Sex: _____ Age: _____ Color/Markings: _____

Vet Information

Name of Veterinarian: _____ Name of Clinic: _____

Address: _____ Phone #: _____

Pet Insurance Provider (if applicable): _____ Policy #: _____

In the event that my dog(s) or Cat(s) appear to be ill, injured, or at significant risk of experiencing a medical problem at the start of the service or while in the care of "attention to De-tail", I, _____, give permission to "attention to De-tail" to seek veterinary service from a veterinarian or a veterinary clinic which is available. My preferred veterinarian or emergency clinic may administer the proper medical attention necessary during which I, or other persons listed below will be contacted for further approval of additional medical procedures. If "attention to De-tail" is unable to get to my preferred veterinarian and/or emergency clinic in a timely fashion, they may take my dog(s) to the veterinarian and/or emergency clinic deemed acceptable by "attention to De-tail" .

I ask "attention to De-tail" to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____per dog/all dogs/cat. I understand that efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I agree to allow "attention to De-tail" to use their best judgement in handling these situations, and I understand that "attention to De-tail" assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I the owner will assume full responsibility for the immediate payment and/or reimbursement for any and all veterinary services rendered to the veterinarian and to "attention to De-tail" , a Visa number will be left on file at the vet clinic if I the owner am out of town . I further authorize "attention to De-tail" and my primary veterinarian(s) to share all of the medical records of all my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

This agreement is valid from the date below and grants permission for further veterinary care without the need for additional authorization each time "attention to De-tail" cares for one or more of my pet(s). I understand that this agreement applies to each of the pet(s) within "attention to De-tail's".care. In signing this contract, I agree that I have the authority to make health, medical, and financial decisions regarding the animal(s) that will be scheduled to receive "attention to De-tail",If I am unable to reach the owner(S) in a timely manner and a critical or life saving decision has to be made in a timely manner

Name of dog(s): _____ Guardian(s) Name: _____

Signature: _____ Date: _____