

Fetch Club Pet Services

Vet Release

Dog 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) 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 Fetch Club Pet Services, I, _____, give permission to Fetch Club Pet Services to seek veterinary service from a veterinarian or a veterinary clinic. 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 Fetch Club Pet Services 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 Fetch Club Pet Services.

I ask Fetch Club Pet Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____per dog/all dogs. 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 Fetch Club Pet Services to use their best judgement in handling these situations, and I understand that Fetch Club Pet Services 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 payment will be made at check out time. I also agree to be responsible for all additional fees assessed by Fetch Club Pet Services for emergency transportation, care, or supervision for your pet(s) at \$15 per hour, and will pay such fees at check out. I further authorize Fetch Club Pet Services 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 Fetch Club Pet Services cares for one or more of my pet(s). I understand that this agreement applies to each of the pet(s) within Fetch Club Pet Services care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animal(s) that will be scheduled to receive Fetch Club Pet Services.

Name of dog(s): _____

Guardian(s) Name: _____

Signature: _____ Date: _____