



Vet Information (if you have multiple vets, please fill out one form per vet)

*This form MUST be signed to authorize treatment.

Staycation Pet Sitting (Jill Barnes) reserves the right to utilize the services of any available veterinary clinic. If time permits, Staycation Pet Sitting will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Client Name _____

Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Cell Phone _____

Primary Veterinarian _____

Address _____ City _____ State ____ Zip Code _____

Phone Number _____

Pet Name & Description

In the event that any of my pet(s) 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 Staycation Pet Sitting, I give permission to Staycation Pet Sitting to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed above. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask Staycation Pet Sitting 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, \$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 Staycation Pet 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 Staycation Pet Sitting care providers to use their best judgment in handling these situations, and I understand that Staycation Pet 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 within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Staycation Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Staycation Pet Sitting 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 cat, dog or other pet at the site of service will be current (per my veterinarian's recommendations) on its 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 period.

I agree to notify Staycation Pet Sitting of any signs of injury or possible illness before any visit as soon as the condition appears. Staycation Pet Sitting reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Staycation Pet Sitting strives to provide clean, safe service to each of our clients. In doing so, Staycation Pet Sitting 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 Staycation Pet Sitting cares for one or more of my pets. I understand that this agreement applies to all of the pets within Staycation Pet Sitting 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.

I authorize veterinary treatment for my animal during my absence. I understand that Staycation Pet Sitting assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

Client / Owner Name _____

Client Signature _____ Date _____