



VETERINARY RELEASE & FINANCIAL AGREEMENT

In the event that any of my pets or large animals appears to be ill, or at significant risk of experiencing a medical problem at the start of service or while in the care of David A. Shaw from iluvpawz.com I give permission to David Shaw to contact me first and then seek veterinary service from my veterinarian or veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Sheet. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask David A. Shaw from iluvpawz.com 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 David A. Shaw from iluvpawz.com 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 David A. Shaw from iluvpawz.com to use his best judgement in handling these situations, and I understand that David A. Shaw from iluvpawz.com assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I also agree to have a credit card number on file with my veterinarian for the purpose of paying for any unexpected veterinary emergencies. _____ (Please initial here) If I decide NOT to have a credit card number on file with my veterinarian I agree to release David A. Shaw from iluvpawz.com from any and all financial or ethical responsibilities in the event of an unexpected emergency concerning my pet(s).
_____ (Please initial here IF you will NOT have a credit card number on file with your vet).

I further authorize David A. Shaw from iluvpawz.com 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).

Pets at the site of service will be current (per veterinarian's recommendations) on its rabies vaccinations prior to the arrival of David A. Shaw from iluvpawz.com. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify David A. Shaw from iluvpawz.com of any signs of injury or possible illness before any visit as soon as the condition appears. David A. Shaw from iluvpawz.com strongly recommends that each pet and large animal 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 David A. Shaw from iluvpawz.com cares for one or more of my pets. 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 pet sitting services.

Pet Parent Printed Name: _____

Pet Parent Signature: _____ Date: _____