

The Go to Girls of SC, LLC

Pet Sitting Services

www.thegotogirlsllc.com

803 315 9977 / 803 338 5246

Veterinary Medical Care Release Form

In the event of a medical emergency where The Go to Girls of SC, LLC Pet/Farm Sitting cannot contact you to authorize care immediately and directly, The Go to Girls of SC, LLC Pet/Farm Sitting will use this form to obtain care. A copy of this form will be supplied to your vet to be placed in your file to expedite any emergency care needed.

Please PRINT clearly in blue or black ink

Primary Veterinarians Information

Name of Vet Hospital or Clinic:

Address: _____ Phone: _____

Name of preferred Doctor: _____

I, _____ (pet/animal owner), hereby give The Go to Girls of SC, LLC Pet/Farm Sitting my express permission to transport any of my animals/pets for care to the above mentioned veterinarian (or to closest open facility if the primary vet office is not available). I understand that The Go to Girls of SC, LLC will try to contact me as soon as possible in the event of a medical emergency.

If The Go to Girls of SC, LLC Pet/Farm Sitting cannot contact me, I give permission to The Go to Girls of SC, LLC Pet/Farm Sitting to make medical treatment decisions and approve charges up to \$_____ per animal/pet (most common values are \$200, \$1000, or unlimited). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I will keep a copy of my credit card on file with my veterinarian or make prior arrangements with my vet. 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. I also agree to be responsible for all fees assessed by The Go to Girls of SC, LLC Pet/Farm Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 7 days of service ending/my return.

Veterinary Medical Care Release Form – page 2

List of Animals:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

If anything changes from what is listed above I will inform The Go to Girls of SC, LLC Pet/Farm Sitting before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time The Go to Girls of SC, LLC Pet/Farm Sitting cares for one or more of my animals/pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that are scheduled to receive service.

Client/Owner Name: _____

Signature: _____ Date: _____