



PAWZ UNLEASHED VETERINARY RELEASE AGREEMENT

In the event that any of my Pets 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 Pawz Unleashed, I _____ (first name/last name), give permission to Pawz Unleashed to seek Veterinary Service from a Veterinarian or a Veterinary Clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other Veterinarians or Emergency Care Clinics chosen by Pawz Unleashed are acceptable if unable to utilize your primary Veterinary Clinic due to time restrictions or if it is impractical to do so.

I ask Pawz Unleashed to inform the attending clinic or Veterinarian of my requested 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 Pawz Unleashed 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 Pawz Unleashed care providers to use their best judgment in handling these situations, and I understand that Pawz Unleashed 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. I agree to keep my credit card information on file with my requested Veterinarian to cover those expenses. In the case that my Veterinarian does not keep credit card information on file, I agree to leave my credit card information with Pawz Unleashed and authorize them to use this information for any expenses incurred. In the event that Pawz Unleashed has to occur above expenses due to non acceptance of third party billing, I agree to reimburse these expenses immediately upon receipt. I also agree to be responsible for all Special Service fees assessed by Pawz Unleashed for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees immediately upon receipt of each incident.

I further authorize Pawz Unleashed and my primary Veterinarian(s) to share all of the medical records of all of my Pets with Veterinary Clinics in an emergency in the interest of providing the best care for my ill or injured Pet(s).

I agree to notify Pawz Unleashed of any signs of injury or possible illness before the commence of each service period or as soon as the condition appears. Pawz Unleashed reserves the right to cancel service at any location where a Pet with a potentially infectious condition exists. Pawz Unleashed strives to provide clean, safe service to each of our clients. In doing so, Pawz Unleashed strongly recommends that each pet 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 Pawz Unleashed cares for one or more of my Pets. I understand that this agreement applies to all of the Pets within Pawz Unleashed's care.

Client Signature: _____ **Date:** _____
Client/Owner Name: _____