



Vet Release Form

In the event of a medical emergency, SSP will make every effort to contact owners. If contact is not possible, SSP has my permission to procure treatment of my animals. _____ (client's initials)

SSP is released from all liability related to the transport of pet(s) to and from any veterinary clinic or kennel, the medical treatment of the pet(s) and the related expenses. _____

Client agrees to 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. SSP will be reimbursed for all costs within 5 days of Client's return home. Client also agrees to pay service and mileage charges for the extra time to transport pet(s) to and from clinic. Vet visit pricing minimum of \$35 for 1 hour, including travel time. 15 miles roundtrip is included in pricing. \$5 for each additional 15 minutes; \$0.55 per mile outside 15 miles roundtrip. _____

SSP will administer medications as directed by client or veterinarian but cannot be held responsible for complications that occur after administration. However, if pet absolutely refuses to cooperate, client authorizes and accepts charges for transport of pet(s) to veterinarian for administration. In the event the pet continues to prevent administration of medication, client agrees to allow SSP to leave the pet with the vet and accepts all charges. _____

It is the client's responsibility to clearly explain any medical instructions to SSP and will not hold SSP or sitter responsible for any mishaps (i.e, pet's refusal to take medication or adverse reactions). _____

SSP will not care for any pet that has any form of an active contagious disease or illness (that can be transmitted to other animals in the care of SSP). All pets must be current on vaccinations. Client is responsible for paying all costs and damages incurred by any party bitten or injured by Client's pets or exposed to an illness carried by Client's pets. _____

SSP will give injections as instructed by Client after at least one observation visit. However, SSP cannot guarantee the outcome of injections. Client understands that SSP sitters are not experienced or licensed in veterinary care. Client understands the risk involved and agrees that SSP will not be held liable for harm or death of pets resulting from injections. Client also holds SSP harmless in the event pet(s) suffer adverse reactions or shock. _____

SSP will not sit for acutely ill pets or pets with uncontrolled/untreated medical conditions unless expressly agreed upon by SSP. _____

If my primary vet is unavailable (nights & weekends), I give SSP permission to discuss my pet(s) condition with Dr. Ralph Pope of All Creatures Pet Hospital in Collierville, TN and follow his recommendations for care. _____

In the event my pet(s) have diarrhea or vomiting, SSP should transport them to the vet after _____ occurrences. (it is strongly recommended that client keep chicken, rice, and canned pumpkin on hand for these situations-dogs only). _____



Primary Vet Information (Name, Phone, Address, Directions):

Emergency Vet (Name, Phone, Address, Directions :

It is client's responsibility to notify SSP of any changes to pet's health, medication or veterinarian before services begin.

Client's Name (please print) : _____

Client's signature/Date: _____

Names of Pets covered under this agreement: _____