**Veterinarian Care Agreement**

During the time that we are caring for your pet and your home, it is possible that your pet may require the care of a veterinarian. Please complete the lower portion of this form giving the name, address and telephone number of the veterinarian you are currently using. We will keep this copy in our files. You understand that a copy of this agreement shall act as your authorization to the undersigned vet (or to any emergency care provider) to provide medical attention to your pet(s) while they are under our care.

Should your pet(s) required medical attention while under our care, you agree to be responsible for the payment of all bills for such veterinary services as may be charged by your veterinarian or other emergency care provider.

In the event emergency veterinary care services are required, your signature heron shall be considered complete authorization and approval for said medical and/or emergency treatments. By signing hereon, you understand that it is our policy to first contact your own veterinarian and, if they are unavailable or not open at the time services are required, to then take your pet to the closest emergency care facility.

Your signature hereon shall act as a full release from any liabilities related to transporting your pet to and from medical care facilities, and all expenses associated therewith. You further agree to reimburse us for any expenses incurred should we be asked to tender payment at the time of said veterinarian services.

Client Signature Date

Name of Veterinarian

Address

Phone