

# Lucky Paws Pet Sitting LLC



Keeping your pets happy at home

Proudly Serving Farmington Hills, West Bloomfield and surrounding areas  
[www.luckypawspetsitting.net](http://www.luckypawspetsitting.net) [Eileen@luckypawspetsitting.net](mailto:Eileen@luckypawspetsitting.net) Tel: (248) 556-6899

## Veterinary Instructions and Release Form

In the event of a medical emergency where Lucky Paws Pet Sitting LLC is unable to contact the Client directly to authorize care, this form will be used to obtain medical care.

1. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description: \_\_\_\_\_

2. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description: \_\_\_\_\_

3. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description: \_\_\_\_\_

4. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description: \_\_\_\_\_

In the event that any of my pets appears to be ill or injured, or is at significant risk of experiencing a medical problem while in the care of Lucky Paws Pet Sitting LLC, I hereby give Lucky Paws Pet Sitting LLC my express permission to transport my pet(s) to, and seek veterinary services from, a veterinarian or a veterinary clinic. My preferred veterinarian is listed below. In the event that my preferred veterinarian is not available, I authorize Lucky Paws Pet Sitting LLC to seek service from another veterinarian.

Primary Veterinarian Information: Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of preferred Doctor: \_\_\_\_\_

I hereby give permission to Lucky Paws Pet Sitting LLC to make medical treatment decisions and approve veterinary charges up to a total of \$\_\_\_\_\_ per pet (most common values are \$200, \$1000, or unlimited). I give permission for the veterinarian/ hospital/clinic to administer any care or medications necessary.

I assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered including, but not limited to, diagnosis, treatment, medical supplies and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all associated service fees assessed by Lucky Paws Pet Sitting LLC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further authorize Lucky Paws Pet Sitting LLC 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 animal(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Lucky Paws Pet Sitting LLC cares for one or more of my pets. In signing this contract, I agree that I have the legal right to make health, medical, and financial decisions regarding the animals that are listed in this release form.

Client/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_