



## **Veterinarian Release Agreement**

In the event that my pet(s) 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 Leaps N' Hounds LLC, I give permission to Leaps N' Hounds LLC to seek veterinary service from a veterinarian or veterinarian clinic. My preferred veterinary service provider(s) is/are listed in each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by Leaps N' Hounds LLC are acceptable.

I request that Leaps N' Hounds inform the attending clinician or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per pet/all pets (most common values are \$200 \$500, \$1000 or "unlimited"). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems, as the condition is deemed not life threatening and/or as soon as contact is possible. I understand that Leaps N' Hounds Pet Care Specialists work hard to prevent accidents and injuries, and that such problems may occur no matter how well my pet(s) is/are cared for. I agree to allow Leaps N' Hounds Pet Care Specialists to use their best judgment in handling these situations, and I understand that Leaps N' Hounds and its staff assume no responsibility for the actions and decisions of the veterinary staff in regard to the health or death of my pet(s).

I assume all responsibility for the payment and/or reimbursement for any and all veterinarian services incurred, including, but not limited to diagnosis, treatment, grooming, medical supplies, pharmaceuticals and boarding. I also agree to be responsible for all Special Service Fees assessed by Leaps N' Hounds for emergency transportation, care, supervision and/or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Leaps N' Hounds and my primary veterinarian(s) to share all of medical records of my pet(s) with any veterinary clinic in an emergency in the interest of providing the best care for my ill or injured pet(s).

Each pet at the site of service will be current (per veterinarian recommendations) on its rabies vaccinations prior to the arrival of any Leaps N' Hounds staff. I will also make arrangements to guarantee that each pet(s) rabies vaccinations will be kept current throughout the period which Leaps N' Hounds staff is providing care for my pet(s).

I agree to notify Leaps N' Hounds of any signs of injury or possible illness before any visit as soon as the condition appears. Leaps N' Hounds reserves the right to cancel service at any location where a pet may have a potentially infectious or dangerous condition. Leaps N' Hounds strives to provide safe, conscientious services to each of our clients. In doing so, Leaps N' Hounds strongly recommends that each pet be vaccinated, de-wormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date signed below forward, and grants permission for future veterinary care without the need for additional authorization each time Leaps N' Hounds provides services for any and all of my pets. I understand that this agreement applies to all of my pets which are in the care of Leaps N' Hounds Pet Care Specialists. In signing this agreement, I verify that I have the sole authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service through Leaps N' Hounds.

**Client/Owner Name: (printed)**

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**Signature:**

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**Date:**

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**Witness:**

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**Date:**

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