



VETERINARY RELEASE FORM

In the event that any of my pets appears to be ill, injured, or at significant risk of experiencing a medical problem while in the care of Marlene Parness, I give permission to Marlene Parness to seek veterinary service from a veterinarian or a veterinary clinic.

Veterinarian Information		After hours Emergency Clinic	
Clinic Name:		Clinic Name:	
Veterinarians Name:		Clinic Address:	
Clinic Address:			
Phone:		Phone:	

I ask Marlene Parness of Care 4 Pets, inc. to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet / all pets. 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 Marlene Parness works 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 Marlene Parness to use her best judgment in handling these situations, and I understand that Marlene Parness assumes 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. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Marlene Parness for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further authorize Marlene Parness and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s). Every dog(s) at the site of service will be current on its rabies vaccinations. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service period. I agree to notify Marlene Parness of any signs of injury or possible illness before any service as soon as the condition appears. Marlene Parness reserves the right to cancel service when a pet with a potentially infectious condition exists. Marlene 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 Marlene Parness cares for one or more of my pets. I understand that this agreement applies to all of the pets within Marlene Parness' care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

To the Veterinary Hospital:

Marlene Parness has been contracted to give pet care for my pet(s) and has my permission to place them in your care in case of an emergency. While Marlene Parness will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and I will be responsible for payment of any fees as stated below. Please file this form with my records.

Client/Pet Parent Name: _____

Client Signature: _____ Date: _____