



16914 Taft CT  
(704) 609-9410  
[www.CriticSittersLkn.com](http://www.CriticSittersLkn.com)

## Veterinary Medical Care Release Form

In the event of a medical emergency where Critter Sitters of Lake Norman cannot contact you to authorize care immediately and directly, Critter Sitters of Lake Norman will use this form to obtain care. A copy of this form will be faxed to your vet to be placed in your file to expedite any emergency care needed.

\*\*\*Please PRINT clearly in blue or black ink\*\*\*

### Primary Veterinarians Information

Name of Vet Hospital or Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of preferred Doctor: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Critter Sitters of Lake Norman my express permission to transport any of my pets for care to the above-mentioned veterinarian (or to closest open facility if the Primary Vet office is not available). I give permission to the hospital/clinic/doctor to administer any care or medications as necessary. I understand that Critter Sitters of Lake Norman will attempt to contact me as soon as possible in the event of a medical emergency. If Critter Sitters of Lake Norman cannot contact me, I give permission to Critter Sitters of Lake Norman service to approve treatment up to \$\_\_\_\_\_ per pet or unlimited.

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 any additional fees assessed by Critter Sitters of Lake Norman for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

### List of Pets:

Name/Description or Breed: \_\_\_\_\_  
Name/Description or Breed: \_\_\_\_\_  
Name/Description or Breed: \_\_\_\_\_

If anything changes from what is listed above I will inform Critter Sitters of Lake Norman before the next service is scheduled to begin. This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Critter Sitters of Lake Norman cares for one or more of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

**X** \_\_\_\_\_  
**Sign Name**

**X** \_\_\_\_\_  
**Print Name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**