

MEDICAL CONSENT AND RELEASE FORM

I authorize Jenifer Wirz, an agent of Spokane Pet Sitting, LLC, to seek veterinary treatment for my pet(s) _____
During my absence from _____ to _____.

Every attempt will be made to utilize my preferred vet, however in the event of an emergency, and at her discretion, I authorize Jenifer Wirz to have my pet(s) treated at the nearest veterinary office or emergency clinic.

I acknowledge that accidents, are by definition, unforeseeable and treatments vary accordingly. I accept all financial responsibility for costs arising from such treatment and am bound by the attending veterinary practices' payment and/or insurance policies.

Every attempt will be made to contact me in the event that such treatment becomes necessary but recognize that in my absence we may not be able to establish contact, in which case I am making my treatment wishes known below:

- I consent for every effort to be made to treat my pets condition, **EXCEPT FOR THE EXCLUSIONS INTIALLED BELOW**
X-Rays _____ Anesthetic _____ Surgery _____
- I request that treatment be stopped should expenses exceed _____.
- Should euthanasia be the recommended professional veterinary solution for my pets' condition I **DO** **DO NOT**
authorize the attending veterinarian to administer this treatment in my absence. If I decline authorization I accept full financial responsibility for any treatment deemed necessary and without limit, to sustain the life of my pet until I can be present or can give written consent.

In addition I agree not to hold Spokane Pet Sitting, or any agent thereof, liable for the outcome of such treatment, and unless Spokane Pet Sitting can be found criminally negligent, Spokane Pet Sitting cannot be found responsible for the cause or such accident or injury.

Pet Parent Signature

Date

During my absence I can be reached at the following locations:

Date _____ Location _____ Phone _____

Date _____ Location _____ Phone _____

Use the back if necessary