



## **K-9 Retreat – Veterinary Release Agreement**

# **VR**

In the event that any of my pets 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 **K-9 Retreat** I give permission for the care providers to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the care provider is acceptable.

I ask **K-9 Retreat** to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per pet (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 soon as the condition is deemed non-life threatening and/or contact is possible. I understand that **K-9 Retreat** care providers work 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 the care providers to use their best judgment in handling these situations. I understand that **K-9 Retreat** and its staff assume no responsibility for the actions and decisions of the veterinary staff and for 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 **K-9 Retreat** for emergency transportation, care, supervision, or hiring of emergency caregivers and I will pay such fees within 14 days of each incident.

I further authorize **K-9 Retreat** 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 will be current (per my veterinarians recommendations) on its rabies, annual boosters (DHLPP or similar), and bordetella vaccinations prior to arrival at **K-9 Retreat**. I will also make arrangements to guarantee that each animal will remain current on its vaccinations throughout each boarding or daycare period.

I agree to notify **K-9 Retreat** of any signs of injury or possible illness before any visit as soon as the condition appears. We reserve the right to cancel service where a pet with a potentially infectious condition exists. We strive to provide a clean, safe environment for each of our clients. In doing so, we strongly recommend that each pet be vaccinated, de-wormed, 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 **K-9 Retreat** cares for one or more of my pets. I understand that this agreement applies to all of my pets in their care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the pets who will receive daycare/boarding services.

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

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