



804•306•5532

www.rivercityrover.com

## 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 at the start of service or while in the care of River City Rover, I give permission to River City Rover 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 pet sitter are acceptable.

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 River City Rover 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 River City Rover care providers to use their best judgment in handling these situations, and I understand that River City Rover and its staff assume 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 further authorize River City Rover 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).

I agree to notify River City Rover of any signs of injury or possible illness before any visit as soon as the condition appears. River City Rover reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. River City Rover strives to provide clean, safe service to each of our clients.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time River City Rover cares for one or more of my pets. I understand that this agreement applies to all of the pets within River City Rover's 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.

---

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

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