



Perky Pet Services LLC
Dog-Walking & Pet-Sitting – Reliable & Loving
Email: staff@perkypetservices.com Text or Call: 708-573-0979
Serving Westmont & Surrounding Communities

Veterinary Release Form

Perky Pet Services LLC, the company and its representatives hereby referred to as Perky Pet or Pet Sitter, requires all clients to complete a Veterinary Release Form. In the event of an emergency, Perky Pet will make every attempt to contact the owner, the secondary owner, and the emergency contact(s). In the event that no contact can be reached, Perky Pet will seek appropriate medical care for your pet(s). Perky Pet will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, Perky Pet will take your pet(s) to an appropriate clinic.

Veterinarian Information

Office Name	Veterinarian Name	
Address		
City	State	Zip Code
Office Phone	Other Phone	

I _____ agree to the following:

Client Name

1. In the case of an emergency, I understand that Perky Pet will make every attempt to contact the primary owner, secondary owner, and emergency contact(s).
2. If no contact can be reached, I authorize Perky Pet to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize Perky Pet to seek treatment for my pet(s) at any appropriate clinic, if necessary.
4. I give permission to Perky Pet to approve treatment up to:
 No limit \$250 \$500 \$1000 other \$ _____
5. I authorize Perky Pet and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.



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6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
7. I understand that Perky Pet assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment, and expenses.
8. I authorize Perky Pet to retrieve relevant medical records for my pet(s) at any time, including but not limited to vaccination records, current treatments, and pertinent health history.
9. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Perky Pet cares for my pet(s).

Client Printed Name

Client Signature

Date

Company Witness

Office Notes (For company use only)