



## Emergency Veterinary Form

_____
Client Last Names
_____
Pet Names

In the event that any of my pets appears too ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Secure Home Solutions Pet Care (SHS), I give permission to Secure Home Solutions Pet Care to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the Client Information Form. Other veterinarians or emergency care clinics chosen by SHS are acceptable.

I ask Secure Home Solutions Pet Care to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per pet / all pets (*most common values are \$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 not life threatening and/or contact is possible.

I understand that Secure Home Solutions Pet Care works 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 Secure Home Solutions Pet Care's care providers to use their best judgment in handling these situations, and I understand that Secure Home Solutions Pet Care and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I 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. I also agree to be responsible for all service fees assessed by Secure Home Solutions for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 7 days of each incident.

I further authorize Secure Home Solutions Pet Care and my primary veterinarian(s) to share all of the medical records of all of my animals with other veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every pet at the site of service will be current (per my veterinarians recommendations and Hillsborough County Animal Services regulations) on its rabies vaccinations prior to the arrival of the Secure Home Solutions caregiver and also will be current throughout each service visit period.

I agree to notify Secure Home Solutions Pet Care of any signs of injury or possible illness before any visit as soon as the condition appears. Secure Home Solutions Pet Care reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Secure Home Solutions Pet Care strives to provide clean, safe service to each of our clients. In doing so, Secure Home Solutions Pet Care strongly recommends that each pet be vaccinated, dewormed, 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 Secure Home Solutions Pet Care cares for one or more of my pets. I understand that this agreement applies to all of the pets in my home during a scheduled pet care Sit by Secure Home Solutions Pet Care. In signing this form, I state that I have the authority to make health, medical, and financial decisions regarding the animals scheduled to receive service from Secure Home Solutions Pet Care.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date