



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

Veterinary Release Agreement

In the event that any of my pets appear to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Peace of Mind Pet Services, I give permission to Peace of Mind Pet Services to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on my client profile; if nothing is listed or my pet is unable to be seen by my preferred veterinary care team, I understand and authorize Peace of Mind Pet Services to take my pet(s) to another day practice veterinarian of their choosing, or the veterinary emergency center (VVC) located in Central Park based on the judgement of Peace of Mind Pet Services.

(Required.) I understand and authorize Peace of Mind Pet Services to approve up to a minimum of \$100 of care per pet from a regular veterinary facility and/or up to a minimum of \$150 per pet at an emergency facility; however, I ask Peace of Mind Pet Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet (most common values are \$200, \$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. While I understand and authorize Peace of Mind Pet Services to make any and all decisions regarding veterinary care for my pets before contact with me is made, I ask Peace of Mind Pet Services to keep my following preferences in mind:

(Required.) I authorize Peace of Mind Pet Services to designate my pet **(circle one):** CPR | DNR | CPR OR DNR (at Peace of Mind Pet Services judgement). I understand CPR may result in additional veterinary fees which will vary based on veterinary establishment. **Initials:** _____

(Recommended.) I authorize Peace of Mind Pet Services to approve supportive care for my pet (including but not limited to: subcutaneous fluids, bandaging and basic wound care, injectable medications, pain medications, and prescription medications). **Initials:** _____

(Optional.) I authorize Peace of Mind Pet Services to approve diagnostic tests (including but not limited to: radiographs, ultrasounds, bloodwork, urinalysis, cytology, and other common patient side tests) to allow for better treatment of my pet. **Initials:** _____

(Optional.) I authorize Peace of Mind Pet Services to approve **(circle all which apply): Minor Surgical Procedures and/or Major Surgical Procedures.** I understand minor surgical procedures are considered procedures occurring outside of the sterile OR (i.e. laceration repair, thoracocentesis, abdominocentesis, proptosed eye repair/removal) and major surgical procedure are considered ones in which there is an open body cavity (i.e. emergency c-section, gastric dilation-volvulus aka bloat, foreign body removal). **Initials** _____

I understand that Peace of Mind Pet Services 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 Peace of Mind Pet Services to use their best judgment in handling these situations, and I understand that Peace of Mind Pet Services assumes 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 also agree to be responsible for all Special Service fees assessed by Peace of Mind Pet Services for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further agree to hold harmless, indemnify, and defend Peace of Mind Pet Services for any liabilities, further injuries, or harm, which may arise from transporting any or all of my pet(s) to a veterinary service.

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

Every dog, cat, and pet at the site of service will be current (per my veterinarian's recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Peace of Mind Pet Services of any signs of injury or possible illness before any visit as soon as the condition appears. Peace of Mind Pet Services reserves the right to cancel service at any location where a pet with a potentially infectious, contagious, or zoonotic condition exists. Peace of Mind Pet Services strives to provide clean, safe service to each of our clients. In doing so, Peace of Mind Pet Services strongly recommends that each pet be vaccinated, dewormed, and protected from harmful pests 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 Peace of Mind Pet Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within Peace of Mind Pet Services 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:** _____