SHANTI & ME

body . mind . spirit . fur

Veterinary Release Agreement

One signature covers every future visit, so nothing has to be signed again in an emergency.

Client and Animals

CLIENT NAME _____ **PHONE** _____

ANIMALS COVERED BY THIS RELEASE _____

PRIMARY VETERINARIAN _____ **CLINIC PHONE** _____

CLINIC ADDRESS _____

EMERGENCY CONTACT NAME _____ **EMERGENCY CONTACT PHONE** _____

Authorisation to Seek Care

If any of my animals appears ill, injured, or at significant risk of a medical problem at the start of a service or while in the care of Shanti and Me, I give permission for Shanti and Me to seek veterinary care. My preferred clinic is listed above. Other veterinarians or emergency clinics chosen by the caregiver are acceptable when distance, availability, or the severity of the situation make that the better choice.

☐ I have read and agree to this section. **INITIALS** _____

Treatment Limit

I ask Shanti and Me to inform the attending clinic of my requested total diagnosis and treatment limit below. Common values are $200, $1,000, or unlimited.

TREATMENT LIMIT PER ANIMAL _____ **OR, TOTAL FOR ALL ANIMALS** _____

I understand that efforts will be made to contact me about any treatment, illness, or injury as soon as the condition is not life threatening and contact is possible.

☐ I have read and agree to this section. **INITIALS** _____

Financial Responsibility

I accept full responsibility for payment or reimbursement of all veterinary services rendered, including diagnosis, treatment, medical supplies, and boarding. Payment will be made within 14 days of the incident. I am also responsible for special service fees charged by Shanti and Me for emergency transport, care, supervision, or arranging emergency caregivers, payable within the same 14 days.

☐ I have read and agree to this section. **INITIALS** _____

Records and Vaccination

I authorise Shanti and Me and my veterinarians to share my animals' medical records with veterinary clinics in an emergency, in the interest of the best possible care.

Every dog and cat at the place of service will be current on Rabies vaccination, per my veterinarian's recommendation, before any caregiver arrives, and I will keep those vaccinations current through every visit. Shanti and Me strongly

recommends that each animal is also vaccinated, dewormed, and protected from harmful insects to veterinary standards.

☐ I have read and agree to this section. **INITIALS** _____

Illness and Refusal of Service

I will notify Shanti and Me of any sign of injury or possible illness before a visit, as soon as it appears. Shanti and Me may cancel service at any location where an animal has a potentially infectious condition, in order to protect every animal in care.

☐ I have read and agree to this section. **INITIALS** _____

Judgment and Limits

I understand that Shanti and Me works hard to prevent accidents and injuries, and that such problems can still occur no matter how well an animal is cared for. I agree to let Shanti and Me use its best judgment in these situations, and I understand that Shanti and Me and its staff assume no responsibility for the actions or decisions of veterinary staff, or for the health or death of my animal.

☐ I have read and agree to this section. **INITIALS** _____

Term

This agreement is valid from the date signed below and grants permission for future veterinary care without a new authorisation each time Shanti and Me cares for one or more of my animals. It applies to every animal in Shanti and Me's care. In signing, I confirm that I have the sole authority to make health, medical, and financial decisions for the animals scheduled to receive service.

Signature

_____ _____

CLIENT SIGNATURE **DATE**

_____ _____

PRINT NAME **DATE**