

## CONSENT TO AND RELEASE OF RESPONSIBILITY FOR BOARDING AND MEDICAL TREATMENT

1. I, the undersigned Owner/Agent, do hereby consent and authorize Auntie Linda's ("Auntie Linda's") to care for my animals (Pets).
2. I understand that there are certain risks involved in the care of animals and that no guarantee is made by said Auntie Linda's as to the safety from illness, injury, or escape even though reasonable precautions to prevent such maladies will be taken.
3. I agree that so long as reasonable precautions are taken said Auntie Linda's will not be held liable or responsible for any such illness, injury or escape on account of the care, treatment or safekeeping of said Pets, or otherwise in connection therewith.
4. I understand that during the course of caring unforeseen conditions may necessitate medical treatment and/or diagnosis. In the event of illness or injury, said pet sitting shall attempt to contact me by phone prior to seeking veterinary care. If I am unavailable, said pet sitter shall contact a **Vet Clinic** as to whether in their sound medical judgment the pet should be seen immediately or whether the treatment could be delayed 24 hours without significantly worsening in order to get my express consent by phone. It is my responsibility to provide emergency phones.

If the pet should be seen immediately and I am unavailable by phone, I therefore authorize Auntie Linda's to transport said Pets to a **Vet Clinic** or in the event of this clinic being closed, to the **Pet Emergency Clinic** and to act as my agent.

I further authorize charges up to \$ \_\_\_\_\_ / **No Limit** until I have been contacted by phone. I certify that I have contacted my veterinarian regarding payment of medical fees. \_\_\_\_\_ (initials).

I authorize said clinic to perform any procedures which, in the judgment of the clinic staff, are necessary and appropriate for said Pets. The authority granted under this paragraph shall not extend to the performance of elective procedures for conditions which, in the sound medical judgment of the professional staff, would not cause said Pets significant pain or discomfort, and/or which condition would not significantly worsen by a delay in treatment.

This consent and release extends to, but is not limited to, the administration of any drugs and/or anesthetics, as well as surgery. This consent shall extend to agents of the Clinic who perform services on the Clinic's behalf.

6. I do hereby assume full financial responsibility for all charges incurred for the boarding and care of said Pets, including any and all charges which arise as a result of diagnosis or treatment either expressly agreed to or as deemed necessary in accordance with the terms set forth. In addition, I agree to pay **\$10.00** per hour to the pet sitter for time spent seeking veterinary care above and beyond the pet sitting fee.
7. I understand that this agreement is ongoing in nature, and becomes effective any time I board animal(s) with said Auntie Linda's, or until I and said Auntie Linda's expressly specify otherwise. It is my responsibility to provide emergency phone numbers where, if possible, I can be contacted each time I board animals. I consent to all procedures as herein set forth, even if contact is not established.

I CERTIFY THAT I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS FULLY.

Date: \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_

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