



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

EMAIL

HOME ADDRESS

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 & Me, I give permission for Shanti & 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 & 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 & 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 _____

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Records and Vaccination

I authorise Shanti & 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 & 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 & Me of any sign of injury or possible illness before a visit, as soon as it appears. Shanti & 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 & 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 & Me use its best judgment in these situations, and I understand that Shanti & 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 & Me cares for one or more of my animals. It applies to every animal in Shanti & 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