

# Nubby & Co. Veterinary Medical Care Release Form

## *Veterinary Information:*

Name of Vet/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Vet Doctor: \_\_\_\_\_

Does this facility offer emergency service after regular hours: Y / N?

If no,

Name of after-hours facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## *List of Pets:*

Name/Breed: \_\_\_\_\_

Name/Breed: \_\_\_\_\_

Name/Breed: \_\_\_\_\_

Name/Breed: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give **Nubby and Company (Nubby & Co.)** my permission to transport my pet(s) for care to the above mentioned facility. If neither is available for any reason, I give permission to **Nubby & Co.** to use the closest open facility available.

I understand that **Nubby & Co.** will try to contact me as soon as possible in the event of a medical emergency. If **Nubby & Co.** cannot contact me, I give permission to **Nubby & Co.** to make medical treatment decisions and approve charges up to \$\_\_\_\_\_ per pet (common values are \$200, \$1000, or Unlimited). I give permission for the hospital/clinic/doctor to administer any care or medications necessary. I will keep my credit card on file with my veterinarian.

Clients Initials \_\_\_\_\_ Date \_\_\_\_\_

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.

In addition, I also agree to be responsible for all fees assessed by **Nubby & Co.** for emergency transportation, care, supervision, or hiring of emergency caregivers. Any and all such payment responsibilities will be made within 7 days of service ending/my return. I also understand that the emergency rate is \$35 per hour that a sitter accompanies my pet(s) plus all applicable vet fees and fees assessed by **Nubby & Co.** as mentioned above.

If anything changes from what is listed above I will inform **Nubby & Co.** before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care and emergency care without the need for additional authorization each time **Nubby & Co.** cares for my pet(s), and will remain valid for those future services. In signing this contract I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

Note: Any and all references to the term **Nubby & Co.** shall also include the company, its successors, members, agents, affiliates, employees, independent contractors, and subcontractors.

This agreement is dated and executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

Pet Owner Name \_\_\_\_\_ Signature \_\_\_\_\_

Clients Initials\_\_\_\_\_ Date\_\_\_\_\_