

# BERKSHIRE BARKS

Dog Walking & Pet Sitting Services

[www.berkshirebarks.com](http://www.berkshirebarks.com)

413-663-0594

Serving Northern Berkshire County, including Adams, North Adams, Williamstown, Cheshire, Lanesboro

## Veterinary Medical Care Release Form

In the event of a medical emergency where Berkshire Barks Pet Sitting can not contact you to authorize care immediately and directly, Berkshire Barks Pet Sitting will use this form to obtain care. A copy of this form will be supplied to your vet to be placed in your file to expedite any emergency care needed. \*\*\*Please PRINT clearly in blue or black ink\*\*\*

### Primary Veterinarians Information

Name of Vet Hospital or Clinic: \_\_\_\_\_

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

Name of preferred Doctor: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Berkshire Barks Pet Sitting my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if the Primary Vet office is not available).

I understand that Berkshire Barks Pet Sitting will try to contact me as soon as possible in the event of a medical emergency. If Berkshire Barks Pet Sitting can not contact me, I give permission to Berkshire Barks Pet Sitting service to make medical treatment decisions and approve charges up to \$\_\_\_\_\_ per pet (most 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 a copy of my credit card on file with my veterinarian.

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. I also agree to be responsible for all fees assessed by Berkshire Barks Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 7 days of service ending/my return.

### List of Pets:

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

If anything changes from what is listed above I will inform Berkshire Barks Pet Sitting before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Berkshire Barks Pet Sitting cares for one or more of my pets. 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.

X \_\_\_\_\_  
Signed Name

X \_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

Customer# \_\_\_\_\_