



No Place Like Home Pet Care

VETERINARIAN RELEASE FORM:

Attention: _____
(Name of Client's Veterinarian)

I hereby authorize _____
(Name of Pet Sitting Business)

to bring my pet(s) to your veterinary hospital,

(Name of Veterinary Hospital)

at: _____
(address, city and phone number of veterinary hospital)

and to have you provide medical care for whatever treatment may be required as determined by you.

By signing this, I assume all financial responsibility upon my return for payment of all services rendered. If the above veterinarian is not available for any reason or if the emergency should happen after normal office hours, I authorize my pet sitter to take my pet(s) to:

(Emergency 24-Hour Vet Clinic Name / Address / Phone Number)

or the nearest emergency veterinary clinic which can assist my pet in receiving medical care and treatment.

Signed: _____ Date: _____

Printed Name: _____

Pet Name: _____ Dog/Cat & Breed: _____ Medical condition(s) (if any): _____

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____



No Place Like Home Pet Care

Key / Garage Door Opener Release Agreement

I, _____ (Client Name), have provided
_____ No Place Like Home
Pet Care

the following key(s) on _____ (date keys received):

Front door key(s): ☐ Yes ☐ No

Back door key(s): ☐ Yes ☐ No

Garage opener: ☐ Yes ☐ No

Number of total key(s) in Pet Sitter's possession: _____

Description of key(s) / keychain: _____

In the event that backup key(s) are needed, they are located:

(Hide-a-key location, neighbor's home, etc.)

I agree to the following terms regarding my key(s):

_____ No Place Like Home Pet Care has my permission to make copies of my key(s) for emergency / backup needs per the company's discretion.

_____ I am aware that No Place Like Home Pet Care will not label my key(s) in any way that will make them identifiable. All safety measures will be taken to ensure the key(s) have no marks identifying that the key(s) belong to my home with the exception of possibly labeling them with my pet's name(s).

_____ No Place Like Home Pet Care may keep possession of my key(s) until I decide to terminate services.

_____ I am aware that No Place Like Home Pet Care may give my key(s) to its independent contractor(s) or employee(s) as a means to provide pet care. By signing this agreement, I agree that all of the No Place Like Home Pet Care staff members shall be covered by this agreement.

_____ No Place Like Home Pet Care agrees to immediately advise me if/when its staff members has or needs my key(s) to complete the job.

_____ No Place Like Home Pet Care agrees to return the key(s) via certified, return-receipt post or by hand delivering it to me as requested. I agree to the return charges shown below.

_____ (Client) agrees to pay:

\$_____ Hand delivery return service charge

\$_____ Certified, return post service charge

Client Signature: _____ Date: _____

No Place Like Home Pet Care Date: _____
