



Veterinary Medical Care Release Form

In the event of a medical emergency involving my pet(s), and if Kitty Kisses Concierge, LLC is unable to immediately contact me, the undersigned pet owner hereby authorizes the following actions and provides express consent as outlined below.

Client Name: _____

Pet Name(s): _____

Emergency Contact: _____

Phone Number: _____

Primary Veterinary Clinic: _____

Primary Veterinary Clinic Address: _____

Veterinary Clinic Phone Number: _____

I, **[Client Name]** _____, give Kitty Kisses Concierge, LLC express permission to transport my pet(s) to the veterinary clinic listed above or, if that clinic is not open or available, to the closest emergency veterinary facility.

I understand that Kitty Kisses Concierge, LLC will provide due diligence of communication in the event of emergency, and that it is my responsibility to respond as soon as possible. If I am not reachable and contact is not made within **2 hours** of the emergency event, I authorize Kitty Kisses Concierge, LLC to make medical treatment decisions on my behalf.

I understand that Kitty Kisses Concierge, LLC provides complimentary insurance coverage for all active clients at no additional cost. This limited coverage is intended to offer protection in the unlikely event of accident, injury, or neglect during active service appointments. It may not provide coverage and/or reimbursement for medical care, treatment, or hospitalization resulting from pre-existing conditions, underlying diseases, or comorbidities. Any claims or reimbursements are subject to the terms, limitations, and discretion of the insurance provider.

I accept **full financial responsibility** for all veterinary services rendered, including but not limited to examinations, diagnostics, treatment, procedures, medications, hospitalization, and

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supplies. I accept responsibility to ensure that a method of payment is available for Kitty Kisses Concierge, LLC to use for emergency services, and/or that a method of payment is on file with my chosen veterinary clinic.

Furthermore, I agree to be responsible for any and all fees assessed by Kitty Kisses Concierge, LLC related to emergency transportation, additional care, and/or supervision. I agree to remit full payment within **30 days** of the emergency event.

I understand that Kitty Kisses Concierge, LLC will use its best judgment to ensure appropriate emergency medical treatment is provided. However, I acknowledge that there is no guarantee the attending veterinarian will accept this authorization form, or that my pet(s) will receive emergency care. I agree that Kitty Kisses Concierge, LLC shall not be held liable for the pet's inability to obtain emergency medical treatment under these circumstances.

This agreement shall remain in effect from the date of signature and grants **ongoing permission** for future veterinary care without the need for new authorization for each instance Kitty Kisses Concierge, LLC provides services.

By signing below, I confirm that I am the lawful owner or authorized agent of the pet(s) listed above and that I have the legal authority to make medical, health, and financial decisions on their behalf. **I hereby grant full permission to any veterinary clinic involved in the care of my pet(s) to administer all necessary care, treatments, medications, and/or emergency procedures as required.**

Client Name: _____

Signature: _____

Date: _____

Kitty Kisses Concierge Representative:

Signature: _____

Date: _____