SHEILA T'S PET CARE
365-357-1676 sheila@sheilatspetcare.com
www.sheilatspetcare.com
Loving care while you're away

Client Service Agreement, Veterinary Authorization & Waiver

Please review carefully, initial each section, and sign on page 2.

CLIENT & PET INFORMATION

Client/Owner Name(s): _____ **Cell:** _____

Home Address: _____ **Email:** _____

Pet Name(s): _____ **Service Dates:** _____

1. SERVICES & CARE INSTRUCTIONS

CLIENT INITIALS _____

I request Sheila T's Pet Care (the Care Provider) to provide the pet-care services agreed for the dates above. I confirm that all feeding, medication, behaviour, access and household instructions I provide are complete and accurate. I will promptly disclose changes and supply safe, working equipment and adequate supplies.

2. HEALTH & BEHAVIOUR DISCLOSURES

CLIENT INITIALS _____

I have disclosed all known illnesses, injuries, allergies, medications, bite or aggression history, escape risks and other conditions that could affect safe care. I understand that undisclosed conditions or behaviour can create risks to my pet, the Care Provider, other people, animals and property. I will update the Care Provider before each booking.

3. VETERINARY INFORMATION

Primary Veterinarian / Clinic: _____ **Phone:** _____

Clinic Address: _____

Preferred Emergency Clinic: _____ **Phone:** _____

4. EMERGENCY VETERINARY AUTHORIZATION

CLIENT INITIALS _____

I authorize the Care Provider to transport my pet and seek examination, diagnostics, treatment, medication or hospitalization from the veterinarian named above, or from a licensed emergency veterinary facility if that veterinarian is unavailable, when the Care Provider reasonably believes prompt medical attention is required.

Contact attempts. The Care Provider will make reasonable efforts to contact me and the authorized agent named on page 2 before non-urgent treatment. In an emergency, I authorize immediate stabilizing care needed to prevent suffering or significant harm while contact attempts continue.

Records and payment. I authorize the Care Provider to share this agreement and relevant care information with veterinary professionals. I remain responsible for all veterinary, transportation and related charges, and will promptly reimburse any amount advanced by the Care Provider.

Choose one veterinary spending authorization:

- ☐ Necessary stabilization only until I or my authorized agent is reached.
- ☐ Veterinary care up to $ _____ per incident, based on the veterinarian's recommendations.
- ☐ No fixed monetary limit; follow reasonable veterinary recommendations.

This authorization records my instructions; the treating veterinarian retains responsibility for informed consent and care decisions.

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Authorized Decisions, Waiver & Signatures

This page forms part of the Client Service Agreement and Veterinary Authorization.

5. AUTHORIZED AGENT IF OWNER CANNOT BE REACHED

CLIENT INITIALS _____

Full Name: _____ **Relationship:** _____

Primary Phone: _____ **Alternate Phone:** _____

I authorize this person to make the following decisions for my pet:

- ☐ Diagnostics, medication and routine treatment
- ☐ Hospitalization and surgery
- ☐ Financial decisions up to $
- ☐ No authority beyond the options selected above

6. IF NEITHER OWNER NOR AUTHORIZED AGENT CAN BE REACHED

CLIENT INITIALS _____

If neither I nor my authorized agent can be reached after reasonable attempts, I authorize the Care Provider to approve only diagnostics and treatment recommended by a licensed veterinarian to prevent suffering or significant harm, within the spending choice on page 1. Any decision outside this written authority must wait until I or my authorized agent is reached, unless the treating veterinarian is independently permitted by law to act without consent.

7. ASSUMPTION OF RISK, RELEASE & RESPONSIBILITY

CLIENT INITIALS _____

I understand that pet care involves inherent risks, including illness, injury, bites, escape, property damage and unexpected emergencies. To the extent permitted by law, I release and indemnify the Care Provider from claims, costs or losses arising from incomplete or inaccurate information, my pet's medical condition or behaviour, defective equipment, unsafe premises, actions of third parties, or events beyond the Care Provider's reasonable control. This release does not apply to loss finally determined to result from the Care Provider's gross negligence or wilful misconduct, and does not waive any right that cannot lawfully be waived.

8. HOME ACCESS, SAFETY & THIRD PARTIES

CLIENT INITIALS _____

I authorize agreed access to my home and confirm that keys, locks, alarms, gates and care areas are safe and functional. I will identify anyone else who may enter during the booking. The Care Provider is not responsible for the acts, omissions or property handling of other visitors, contractors, family members or care providers.

9. COMMUNICATIONS, PHOTOS & GENERAL TERMS

CLIENT INITIALS _____

- ☐ I consent to private care-update photos/messages.
- ☐ I consent to promotional use only with separate approval.

Ontario law governs. This agreement applies to the stated booking and later bookings unless replaced or revoked in writing. If one provision is unenforceable, the remainder continues.

10. ACKNOWLEDGEMENT & SIGNATURES

I am at least 18 years old, am the owner or have authority to sign for the owner, have read this agreement, understand it, and sign it voluntarily. I confirm the veterinary and authorized-agent instructions are accurate.

Client/Owner Printed Name: _____ **Date:** _____

Client/Owner Signature: _____ **Care Provider:** _____

Sheila T's Pet Care - acceptance of booking