



Loving Care When You're Not There

www.latchkeypets.net

816.529.8500

Emergency Contact and Vet Authorization

Your emergency contact should be someone local and someone who, in the event of emergency, has access to your home.

ER Contact _____ Home _____ Cell _____
Vet Clinic _____ Phone _____
Address _____ City/State/Zip _____

I understand that in the event of an emergency, Latchkey Pets will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Latchkey Pets to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Latchkey Pets has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Latchkey Pets within 14 days of incident for veterinary fees and all related costs, including transportation in any amount up to \$_____ (please specify dollar amount per pet. Common amounts are \$200, \$1000 or unlimited).

There are no known medical conditions for my pet(s). (Check if applies)

The following conditions are the known medical conditions of my pet(s):

Latchkey Pets is not authorized to seek medical treatment for my pet(s). I understand that, in the case of a medical emergency, Latchkey Pets will attempt to contact me and my emergency contact (if I cannot be reached). If contact is unsuccessful, Latchkey Pets will leave my home and is not responsible for any damage to my pet(s) and/or property.

This release does not expire and will remain valid for all future Latchkey Pets services.

Client Signature _____ Date _____

Printed Name _____