



## 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 \_\_\_\_\_