



**WAIVER AND VET RELEASE**

This agreement is made between Simon's Cat Sitting and \_\_\_\_\_ ("Client") and shall apply to all future services unless altered in writing and signed by both parties.

Simon's Cat Sitting agrees to provide loving care to Client's pet(s) for a set fee. Payment in full is due on (or prior to) the first day of service. Current rates and fees are posted at [www.simonscatsitting.com](http://www.simonscatsitting.com) and are subject to change without notice. Fees as outlined on the website may be charged for reservations cancelled with less than seven days' notice and if the Client does not notify Simon's Cat Sitting of their safe return.

Simon's Cat Sitting will carry liability insurance relative to the services performed for the Client.

Simon's Cat Sitting accepts no liability for any breach of security or loss of or damage to the Client's property if any other person has access to the property during the term of this agreement.

Simon's Cat Sitting shall not be liable for any mishap caused by or to a pet who has unsupervised access to the outdoors.

The Client shall be liable for all damages caused by the pet to the Client's property.

In the event of an emergency, the Simon's Cat Sitting shall contact the Client at the numbers provided to confirm the Client's choice of action. If the Owner cannot be reached, the Simon's Cat Sitting is authorized to: Transport the cat(s) to the listed veterinarian or transport the cat(s) to an emergency clinic if the previous options are not feasible.

Simon's Cat Sitting is released from all liability related to transporting cat(s) to and from any veterinary clinic or kennel, the medical treatment of the cat(s) and the expense thereof.

Client's preferred vet \_\_\_\_\_

I hereby authorize the attending veterinarian to treat any of my cats as listed on the Cat Information sheet and I accept full responsibility for all fees and charges incurred in the treatment of any of my cats. If I cannot be reached in case of an emergency, Simon's Cat Sitting shall act on my behalf to authorize any treatment excluding euthanasia.

Client's signature: \_\_\_\_\_

Date: \_\_\_\_\_