



Domestic Pet Care, LLC. 1
735 Morris Tongue Drive * Millersville, MD 21108
410-935-5531

Veterinary Services Agreement

Although DPC works hard to prevent accidents and injuries, problems may occur no matter how well a pet is cared for. In the event that any of my pets appear to be ill, injured, or at significant risk of experiencing a medical emergency, I give permission for Domestic Pet Care, LLC, to seek veterinary service from a veterinary clinic or hospital. My preferred veterinary provider is:

Name: _____

Address: _____

Telephone Number: _____

I understand that if the provider listed above cannot accommodate my pet, DPC will elicit services from the Anne Arundel Veterinary Emergency Clinic, located at 808 Bestgate Road, Annapolis, MD 21401, telephone number 410-224-0331.

I ask DPC to inform the attending clinic or veterinarian of my monetary limit of \$ _____ to spend for diagnoses and treatment of my pet's illness. If such clinic or veterinary office cannot treat my pet within the set financial parameters, I request that:

I will assume full responsibility for the payment for any and all veterinary services rendered. I also agree to be responsible for all transportation fees charged by DPC associated with having my pet seen by a veterinarian.

I authorize my primary veterinarian (listed above) to share all medical records pertaining to my sick or injured pet with Anne Arundel Veterinary Emergency Clinic in the interest of providing the best possible care for him/her. From (date) _____ to _____.

Domestic Pet Care, LLC
Certified Veterinary Assistant / Certified in Animal CPR & First Aid
Licensed and Insured through AACO / Lloyds of London



Domestic Pet Care, LLC.
735 Morris Tongue Drive * Millersville, MD 21108
410-935-5531

2

This agreement is valid from the date below and grants authority for future veterinary care without the need for additional authorization each time DPC cares for my pets. Upon signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding my animals under the care of DPC, and I direct that my wishes be followed as set forth in this document.

I confirm that all pets at the site of service will be current on its rabies vaccinations (as required by state law) prior to the arrival of DPC caregiver. I also guarantee that each animal will remain current on its rabies vaccinations throughout each visit.

Signature _____ Date _____

Domestic Pet Care, LLC
Certified Veterinary Assistant / Certified in Animal CPR & First Aid
Licensed and Insured through AACO / Lloyds of London