

SHETLAND K9 CARE  
550 New Dover Road - Colonia, NJ 07067  
www.ShetlandK9.com  
732-221-4543  
ShetlandK9NJ@gmail.com

**VETERINARY & PHOTO  
RELEASE AGREEMENT**



In the event of my dog or any other pet in the home appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Shetland K9, I give permission to Shetland K9 to seek veterinary service from a veterinarian or a veterinary clinic and to share medical records necessary to provide my pet(s) with the best care possible. My preferred veterinary services are listed at the bottom of this form. If my preferred source of treatment cannot be reached or unavailable for any reason, I authorize Shetland K9 to choose a veterinarian or emergency care clinic to treat my pet(s) as needed.

I hereby ask Shetland K9 to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of **(PLEASE CIRCLE ONE AMOUNT:)** \$250 \$500 \$750 \$1000 UNLIMITED per pet. I understand that all efforts will be made by Shetland K9 to contact me regarding any treatments, illness, injuries or potential problems as soon as the condition is deemed non life threatening and/or the opportunity to make contact is possible. Until the time I am contacted Shetland K9 is authorized to make any and all medical decision on my behalf with the exception of euthanasia. I understand that Shetland K9 and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or the death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for all veterinary services rendered (including but not limited to diagnosis, treatment, grooming, medical supplies and boarding) as well as any Special Service Fees of Shetland K9. Such payments will be made within 14 days of initial incident and payments.

Every canine (dog), feline (cat), and/or avian (bird) at the site of service will be current on its vaccinations, heartworm, and flea/tick prevention prior to the arrival of any staff of Shetland K9 and will remain current on such vaccinations and treatments throughout each service visit period to ensure the health of my pet(s). I will not hold Shetland K9 or its employees responsible should my pet(s) become ill due to non-current vaccinations or parasite preventatives.

I agree to notify Shetland K9 of any signs of injury or possible illness before any visit as soon as the condition appears. Shetland K9 reserves the right to cancel any scheduled service at any location where a pet with a potentially infectious condition exists.

Any photos taken to update clients on status of pet(s) remain the property of Shetland K9 and may be used on website and social media platforms (i.e. Instagram, Facebook, etc.) and for marketing and advertising purposes.

This agreement is valid beginning on the date below and has no expiration date.

Client / Owner Name: \_\_\_\_\_  
(PLEASE CLEARLY PRINT)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Veterinarian/ Animal Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_