LUCKY LADY PET CARE

Medical Boarding Care Agreement

Care Plan • Veterinary Emergency Authorization • Payment Instructions

Effective date: October 10, 2026 Last updated: October 10, 2026

Complete and sign online through your client account (or download, print and sign) before care begins. Use a separate signed form for each reservation and each pet. Attach additional pages where needed.

1. Reservation, service and owner details

Booking reference:

_____

Boarding location / service address:

_____

Care start date and time:

_____

Care end date and time:

_____

Agreed daily / total service fee:

_____

Payment terms (payment is requested after Sarah approves the booking):

_____

Owner full legal name:

_____

Home address:

_____

Phone:

_____

Alternate phone:

_____

Email:

_____

Emergency contact name and relationship:

_____

Emergency contact phone(s) and email:

_____

The emergency contact may assist with communication and care coordination. They may make treatment or payment decisions only if the owner has separately and clearly authorized that authority below or in an attached authorization.

Emergency contact authority (if any):

_____

2. Pet profile and safety information

Pet name:

_____

Breed / age or DOB / sex:

_____

Weight / color / identifying features:

_____

Microchip number, if applicable:

_____

Regular veterinarian and phone:

_____

Preferred emergency hospital and phone:

_____

Alternate emergency hospital and phone:

_____

Known allergies:

_____

Diagnoses / ongoing conditions:

_____

Surgeries, recent procedures, or recovery instructions:

_____

Current symptoms or concerns:

_____

Medications and supplements (attach schedule):

_____

Behavior concerns, bite history, escape risk, triggers:

_____

Contagious illness / exposure information, if relevant:

_____

Pet insurance provider and policy, if applicable:

_____

☐ Veterinarian informed of this boarding stay.

☐ Current veterinary treatment/recovery plan exists; written instructions attached.

☐ No current treatment/recovery plan; details provided above or on attachment.

3. Services agreed and limits

Lucky Lady Pet Care will provide only the non-veterinary care tasks specifically listed here and in the attached written care plan, and only to the extent they are within the caregiver's training, available capacity, and applicable law.

Agreed care tasks (e.g., feeding, observation, oral medication, injections):

_____

Tasks not agreed / restrictions:

_____

The caregiver is not acting as a veterinarian and will not diagnose conditions, prescribe medication, independently change prescribed dosages, or substitute treatments. Any change to a prescribed treatment plan must be directed or approved by the treating veterinarian, as appropriate. Do not request care outside the written plan or caregiver's stated ability.

For post-operative, recovery, or medically complex boarding, owner must provide current written veterinary instructions and confirm that the veterinarian has explained any special monitoring or escalation criteria. Lucky Lady Pet Care may decline or discontinue a booking if the pet's needs exceed the agreed scope, training, staffing, equipment, or safe capacity. If care must end early, the caregiver will notify the owner and make reasonable efforts to coordinate safe transfer or alternative care.

Required veterinarian instructions / monitoring thresholds attached:

_____

4. Medication and daily care schedule

Attach a medication schedule for every medication or prescribed treatment. Each entry should state the medication/treatment name, prescribing veterinarian, prescribed dose, route/method, exact times, start/end dates, storage instructions, and veterinarian-provided missed-dose instructions. Supply enough medication in original packaging or an appropriately labeled container, plus equipment and written instructions.

Medication / treatment	Dose + route	Times / dates	Special instructions	Vet / Rx details

Attach more pages as needed. Caregiver should record administrations, missed/refused doses, unusual symptoms, and relevant owner/veterinarian communications.

Diet / feeding schedule:

_____

Activity restrictions:

_____

Post-operative care / wound restrictions (as directed by vet):

_____

Symptoms requiring veterinary attention, per vet:

_____

Other monitoring / equipment requirements:

_____

5. Veterinary emergency authorization

If the caregiver reasonably believes the pet needs veterinary assessment, owner authorizes Lucky Lady Pet Care and its designated caregiver to transport the pet to the listed veterinarian or an appropriate emergency veterinary facility, communicate relevant medical information, and request examination, diagnostic procedures, and treatment.

If the owner cannot be reached promptly and delay may risk the pet's health or welfare, owner authorizes the caregiver, within applicable law and the limits selected in Section 6, to request or consent to veterinary care reasonably necessary to assess or stabilize an urgent condition. The veterinarian retains clinical judgment. A facility may require its own consent, direct owner confirmation, or payment arrangements; this form does not guarantee acceptance in place of those procedures.

When circumstances permit, caregiver will make reasonable efforts to contact the owner, then the designated emergency contact, then the regular veterinarian or emergency facility. Caregiver will record contact attempts and relevant advice. If urgent care is warranted, caregiver need not wait indefinitely for a response.

Owner's known treatment limitations / advance instructions (attach veterinary guidance):

_____

☐ Owner authorizes transport and veterinary communication as described above.

6. Emergency veterinary spending authorization — select one

☐ OPTION A — Spending cap. Maximum total authorized if owner cannot be reached: $_____.

Does cap include exam, diagnostics, medications, transport, stabilization, hospitalization and fees? Specify exclusions:

_____

If estimate exceeds cap and owner cannot be reached, caregiver should:

_____

☐ Seek further approval when circumstances permit; do not delay urgent stabilization solely to obtain a reply.

☐ Other instruction (describe clearly):

Other instruction:

_____

☐ OPTION B — No preset dollar limit. If owner cannot be reached, caregiver may request or consent to urgent care reasonably necessary to assess or stabilize the pet under Section 5 without a preset cap, subject to law and veterinary judgment. All further treatment decisions are made by the owner once reached.

☐ OPTION C — Other specific financial/treatment instructions (complete below).

Other limits or instructions:

_____

If no option is selected, the caregiver will seek only the care reasonably necessary to stabilize the pet and will continue trying to reach the owner and the emergency contact.

The spending choice records the owner's instructions. It does not guarantee that a veterinary facility will accept a spending limit, treat within that amount, or extend payment. Owner remains responsible for veterinary charges as set out in Section 7.

Owner initials:

_____

7. Fees, veterinary expenses and reimbursement

Owner is responsible for veterinary expenses incurred for the pet during the reservation, including examination, diagnostics, medication, treatment, hospitalization, transport and related charges, except where a separate written agreement or applicable law provides otherwise. If the caregiver pays a provider directly on owner's behalf, owner agrees to reimburse the documented amount within the period written below after receiving itemized receipts and a written request.

Reimbursement due within (number of days):

_____

Preferred payment method / clinic billing arrangements:

_____

☐ Payment method on file with regular veterinarian.

☐ Emergency hospital payment and authorization procedures confirmed.

Cancellation, extension, late pickup and additional-care fees (refer to attached booking terms):

_____

Veterinary providers may require payment before, during, or after treatment and may require owner authorization or payment information directly. The caregiver cannot promise that a clinic will provide credit or accept this agreement.

8. Veterinary records and communication

Owner authorizes Lucky Lady Pet Care and its designated caregiver to provide relevant information about the pet's condition, medications, history and written care plan to veterinary providers involved in treatment. Owner also authorizes those providers to communicate with the caregiver about the pet's care to the extent permitted by law and provider policy. Owner understands a clinic may require a separate release or direct confirmation. This authorization applies only to this reservation.

☐ Owner authorizes the records and communication described above.

9. Owner responsibilities and acknowledgments

☐ I have authority to make decisions for this pet and the information I supplied is accurate and complete to the best of my knowledge.

☐ I have disclosed relevant conditions, allergies, medications, behavioral concerns, bite history, symptoms, recent surgery and veterinary instructions.

☐ I have provided required medication, equipment, and current written veterinary instructions for any post-operative or medically complex care.

☐ I understand the caregiver is not my pet's veterinarian and will not independently diagnose, prescribe, or change a treatment plan.

☐ I will remain reachable, keep emergency contact information current, and respond promptly to care requests.

☐ I am responsible for veterinary expenses as described in this agreement and understand clinics may require separate consent or payment arrangements.

☐ I have had the opportunity to ask questions and clarify the agreed services, exclusions, emergency authorization, spending instructions and fees.

Additional disclosures or agreed arrangements:

_____

10. Booking changes, early termination and safe transfer

This authorization applies only to the reservation dates in Section 1. Any extension must be confirmed in writing. Owner may revoke or change an authorization by written notice, subject to care already authorized, applicable law, and the need to arrange safe ongoing care. Owner will promptly coordinate with the caregiver and veterinary provider regarding alternative arrangements. The caregiver may contact the owner to arrange early pickup or safe transfer if the pet's condition or care needs exceed the agreed plan.

11. Signatures

By signing, the owner confirms that they have read and understood this agreement and voluntarily provide the authorizations selected above. Owner understands this form does not replace a veterinary facility's own forms or guarantee that a facility will accept the caregiver's consent.

Electronic signature. The owner agrees that this agreement may be completed and signed electronically through the Lucky Lady Pet Care website. A typed name, checkbox confirmation, or other electronic signature has the same legal effect as a handwritten signature. The platform records the date, time and account used to sign, and a copy of the signed agreement is available in the client account or by email. The owner may request a paper copy at any time.

☐ I agree to sign this agreement electronically. My typed name or electronic signature has the same effect as a handwritten signature.

Owner printed legal name:

_____

Pet name:

_____

Owner signature:

_____

Date and time:

_____

Emergency contact acknowledgment (optional; does not independently grant treatment authority):

Emergency contact printed name:

_____

Signature:

_____

Date:

_____

Lucky Lady Pet Care receipt acknowledgment:

Caregiver printed name:

_____

Signature:

_____

Date:

_____

12. Internal boarding file checklist — staff use

☐ Owner identity and emergency contact details verified.

☐ Pet profile, medical history, behavior and safety concerns recorded.

☐ Current written veterinary care/recovery plan received where applicable.

☐ Medication schedule and supplies checked; administration plan within caregiver’s ability.

☐ Regular veterinarian and emergency facility identified; clinic consent/payment requirements checked where possible.

☐ Emergency spending option selected and completed; owner initials recorded.

☐ Service scope, rates, additional fees, cancellation/extension terms reviewed with owner.

☐ All required signatures and dates completed before care begins.

☐ Attachments and signed copy saved to the correct booking record.

☐ Caregiver confirmed the requested care is within training, staffing, equipment, insurance and safe capacity.

Internal notes:

_____

Reviewed by / date:

_____