



FOUR LEGGED PET CARE

PET CARE AGREEMENT

Date: _____

Client Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Out-of-town phone number (if applicable): _____

Name of Pet #1: _____ Breed: _____ Sex: _____

Age: ____ Neutered/spayed: ____ Yes ____ No Vaccinations current: ____ Yes ____ No

Name of Pet #2 _____ Breed: _____ Sex: _____

Age: ____ Neutered/spayed: ____ Yes ____ No Vaccinations current: ____ Yes ____ No

Name of Pet #3 _____ Breed: _____ Sex: _____

Age: ____ Neutered/spayed: ____ Yes ____ No Vaccinations current: ____ Yes ____ No

If vaccinations are not current, please explain:

INITIAL HERE x _____

NOTE: Pets must be bathed, free of fleas, ticks, healthy and free of any contagious illness. If your pet has any disabilities or symptoms, please explain:

Person to contact in case of emergency: _____

Phone: _____

Name of your Veterinarian and/or Animal Hospital:

Address:

Phone: _____

Do I have your permission to take your pet to your Veterinarian if necessary? _____ **

Should your Veterinarian be unavailable, your dog will be taken to the nearest Veterinary facility.

Feeding Instructions and / or special needs:

If medications are to be administered, please include a separate page with instructions.

Is your pet fully housebroken (i.e., totally free of 'accidents' in your home)? ___ Yes ___ No

If no, explain in detail:

Has your dog ever bitten any human or another dog? YES NO

If yes, please explain:

Behavioral quirks - please elaborate if applicable; e.g. Other dog or stranger aggression, dislikes children; fear of storms, fireworks, loud noises, traffic; chewing issues. Other, such as doesn't like back feet touched, etc.:

Optional

Do you wish to allow your pet to visit a fenced dog park for off leash exercise with other dogs?
YES NO

How did you hear about Four Legged Pet Care?

Updates of your dog's vacation are available. If you wish to receive this, please give the e-mail address to be used:

E-mail: _____

If you wish to be updated via text message, please provide a working number which will be able to receive text messages:

Number: _____

Dog Boarding Contract Terms:

Date/Time dog to be dropped off: _____ Date/Time of pick-up: _____

The fee for this contract is for _____ calendar days for a total of \$ _____

INITIAL HERE x _____

I agree to pay in full either in advance or when I pick up my pet(s).

In the event a check for payment is returned NSF, the owner will be wholly responsible for all costs associated with collection and litigation, incurred by Four Legged Pet Care.

This Agreement is by and between the Pet Care Provider and the Client.

Pet Care Provider Name: _____

Address: _____

TERMS AND CONDITIONS:

Pet Care Provider agrees to provide the services stated in this contract in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said Pet Care Provider except those arising from gross negligence or willful misconduct on the part of the Pet Care Provider.

I understand that I am responsible for any harm or damages caused by my dog while under our care. I shall indemnify Four Legged Pet Care against any claims made against the company for losses or damages of any kind made against Four Legged Pet Care.

To the best of his/her ability, Pet Care Provider has made the home 'dog-proof'. Should your dog urinate and/or defecate and/or regurgitate on a Couch, Bed or Rug/Carpet, client agrees to reimburse the Pet Care Provider for the cost of cleaning (when possible).

Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting Pet Care Provider to accept reservations for service without additional signed contracts or written authorization.

I agree to reimburse Pet Care Provider for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected food, supplies, repairs, cleaning, or transportation.

Please be aware that emergency veterinarian fees can be quite costly, particularly if surgery is involved.

IF MEDICATIONS ARE TO BE ADMINISTERED: The Client acknowledges that the Pet Care Provider is NOT a veterinary professional and therefore does not hold the Pet Care Provider accountable for medical circumstances beyond their control.

INITIAL HERE x _____

We reserve the right to act in the best interests of the dog **at all times**. This includes seeking veterinary advice if he/she becomes ill. We will contact you immediately should your dog become ill. If you cannot be contacted within a reasonable time or have chosen **not to be** contacted, we reserve the right to seek appropriate and swift veterinary attention and proceed with treatment regardless of costs, which you agree to cover. We will do everything needed for the dog as regards to treatment, comfort and recovery. If euthanasia is **absolutely necessary** (determined by the vet) for whatever reason **excluding behavioral** (aggression, etc.) we will accept and act upon that vet's advice.

We will find a new home and/or turn pet(s) into the local Humane Society if not retrieved within 15 days from due departure date, if we cannot contact you and have made every diligent effort to do so. You agree to this and to pay for all associated costs.

If your dog passes away due to natural causes while in my care do you wish to be informed immediately? *This is very important for elderly dogs.* YES NO

I have read the above contract in the presence of the Pet Care Provider and agree to the terms as specified herein.

X _____

Client Signature

_____ Date

X _____

Pet Care Provider

_____ Date

Check List

Clean Pet & Groomed Pet _____

Flea & Tick Prevention _____

Food in Portioned Bags _____

Bowls _____

Leash(es), Harness(es) _____

Collar with ID & Rabies Tag _____

Bed(s) _____

Favorite Toys/Bones _____

Medication(s) and Directions
for Administration (if applicable) _____

Worn item of clothing from your
home for comfort of your pet _____

Cage (if applicable) _____

Wee-Wee Pads (if applicable) _____