

Pet Sitting, Daycare & Bathing Service Agreement

Owner's Information

Owner(s) Name: _____
Owner(s) Number(s): _____
Owner(s) Email: _____
Pet(s) Name: _____
Breed/Color: _____
DOB/Age: _____
Veterinarian Office and Number: _____

In Case of Emergency

In case of emergency, I (Full Name) _____ authorize Clarissa Ferrer to seek medical attention for my pet(s) _____ while in her care. I will not hold Clarissa Ferrer responsible for any accidents that occur from everyday activity and care. I will be reachable or authorize my emergency contact to authorize treatment for the veterinary care as deemed necessary. If I or my emergency contact cannot be reached, I authorize Clarissa Ferrer to seek the necessary treatment for my pet at owner's expense. If after veterinarian office hours or referred to by the vet, your pet will be taken to the nearest emergency veterinarian clinic.

I agree to cover all costs associated with veterinarian care. **Circle One: Yes or No**

If NO, I agree to cover veterinarian costs to stabilize my pet until I can be reached or speak to vet.

Initials _____ (I agree to the above "In Case of Emergency" policy)

Emergency Contact Information:

Owner's Name and contact number: _____
Emergency Contact Name(s): _____
Emergency Contact Number(s): _____
Veterinarian Clinic Name and Number: _____

General Information:

Can your dog jump a 4 ft fence? **Y or N** Explanation: _____

I understand the property has 4 ft fencing around the perimeter of the property and authorize my dog to run off leash. **Yes or No** **Initials:** _____

If no, your dog will be walked on leash or in a 6ft pen for potty breaks for their safety.

Good with dogs? **Y or N** Remarks: _____

I understand there is always an inherent risk grouping multiple dogs together. I authorize my dog to socialize with other dogs. **Yes or No** Initials: _____

Good with Kids? **Y or N** Remarks: _____

Show any signs of aggression? **Y or N** Remarks: _____

Current on Flea & Tick Preventative? **Y or N** Brand: _____

Current with a negative fecal within the last year? **Y or N** If no, owner must provide a recent negative fecal from their vet within the last 90 days.

Current on Vaccinations (Rabies, Bordetella and DHLPP)? **Y or N** (Please supply a copy of Vaccines)

All dogs must be current on flea/tick preventative, heartworm treatment covering intestinal parasites and vaccines listed above. If fleas/ticks are present on your dog during the stay, there will be a flea bath charge of \$40 added to the stay at owner's expense. Owner will be notified promptly after the fleas/ticks have been found. If intestinal parasites are found, the dog will be isolated during the remainder of the stay to avoid cross contamination to the other guests. There will be an additional \$15/night cleanup/sanitizing fee for dogs with intestinal parasites. If staying longer than 2 days from date intestinal parasites are found, the dog will need to see a vet at owner's expense or be picked up by an emergency contact or authorized person.

I understand this agreement has no expiration date while above dog(s) are in Clarissa Ferrer's care and agreement can only be changed by a new and updated contract.

Signature: _____

Date: _____