

ADVENTURES IN PET SITTING, LLC BOARDING CONTRACT



Owner's Names:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Email: _____

How did you hear about Adventures in Pet Sitting, LLC? _____

Vet Preference: _____

Vet Phone Number: _____

DOG 1

Name: _____ Breed: _____

Sex: _____ Spayed or Neutered: _____ Age: _____

Feeding Instructions: _____

Medications: _____

Personality: _____

Other things we should know: _____

DOG 2

Name: _____ Breed: _____

Sex: _____ Spayed or Neutered: _____ Age: _____

Feeding Instructions: _____

Medications: _____

Personality: _____

Other things we should know: _____

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I certify that my dog(s) has not been ill with any communicable condition in the last 30 days. I also represent that my dog(s) is current on their vaccinations for Bordetella, Rabies, and DHPP (Distemper, Hepatitis, Parvo, Para-influenza), and has had a negative fecal test within the past year. If my dog interacts with other dogs in places such as dog parks, other daycare/boarding facilities, or other areas where multiple dogs are present, I agree to have a fecal exam every 6 months and to discuss with my veterinarian whether my dog should have the Bordetella shot more frequently than once per year. I also understand that Adventures in Pet Sitting, LLC recommends vaccination for Lyme disease and the use of a flea/tick preventative for the protection of my pet.

In the event that my pet becomes ill or injured, and I can't be reached, I authorize Adventures in Pet Sitting, LLC to make decisions in regards to the care of my pet based on a veterinarian's recommendation, and I will assume the responsibility for all expenses incurred. I understand that Adventures in Pet Sitting's staff are not trained veterinary technicians but will follow veterinarian instructions in caring for my dog.

I understand that Adventures in Pet Sitting, LLC recommends that I inform my veterinarian that Adventures in Pet Sitting, LLC has authorization to approve veterinarian care in the event that I cannot be reached.

In the event that my preferred veterinarian is more than 10 miles from Adventures in Pet Sitting, LLC, and my dog needs veterinarian attention, I authorize Adventures in Pet Sitting, LLC to choose a local veterinarian to provide the care that my dog needs.

Adventures in Pet Sitting, LLC occasionally accepts unspade and unneutered dogs and takes every precaution, but is not responsible for accidental litters. I understand that Adventures in Pet Sitting, LLC recommends that my dog be spade or neutered.

I understand that Adventures in Pet Sitting, LLC may periodically use promotional material, which may contain pictures or videos of my dog(s). (If you wish to exclude your dog(s) from these promotions, please initial here _____.)

Signature of Owner: _____ Date: _____

I WOULD LIKE MY DOG(S) TO INTERACT WITH OTHER DOGS. I understand that although extreme caution is used, dogs are unpredictable in behavior and play rough and sometimes unexpectedly become aggressive with one another. In the unfortunate event that there is an injury to my dog(s), I do not hold Adventures in Pet Sitting, LLC, its owners, employees, or subcontractors responsible. I further agree to be solely responsible for all acts or behavior of my pet while it is in care of Adventures in Pet Sitting, LLC. In order to maintain a safe play environment for the dogs, I understand that any dog that misbehaves will be given a time-out from the other dogs.

Signature of Owner: _____ Date: _____

OR

I DO NOT WANT MY DOG(S) TO INTERACT WITH OTHER DOGS BECAUSE _____

Signature of Owner: _____ Date: _____