

Pet Care Instruction Sheet

The safety and wellbeing of your pets are an important consideration to the Scratch N Sniff Pet Care staff. This detailed pet care instruction sheet should be filled out and made available to our staff so that we have on hand all the important information that is necessary to guarantee a safe and fun trip for you and your pets.

Owner Information:

Name	<input type="text"/>	Address	<input type="text"/>	
Phone	<input type="text"/>	Cell	<input type="text"/>	<input type="checkbox"/> check box to receive text
Email	<input type="text"/>			

Pet Identification Information

Pet's Name	<input type="text"/>	Breed	<input type="text"/>	Age	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
Color Markings	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Spayed or Neutered	<input type="radio"/> Yes <input type="radio"/> No
License #	<input type="text"/>	Microchip brand and #	<input type="text"/>				

Emergency Medical Information

Food Allergies	<input type="text"/>	Drug Allergies	<input type="text"/>				
Vaccination Dates	<input type="text"/>	DHPP	<input type="text"/>	Rabies	<input type="text"/>	Other	<input type="text"/>

Emergency Contact Information

Local Contact	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
<i>neighbor or family for emergency</i>					
Emergency Clinic	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Veterinarian	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>

Care Instructions

Feeding
Instructions

Type of Food (Brand, Canned, Dry, Special Blend)

Mixing Instructions:

How Many Times a Day

Time of Day (AM)

Time of Day (PM)

Amount of food (cup/bowl)

Treats (rewards for behavior, how often, amount)

Not to be Fed – Allergies (type of food, bones, etc.)

Medications

Dosage Instructions

Potty Habits (*Frequency, A.M., P.M., Duration after meals, times of day*)

Litter Box Detail

Favorite Toys or Activities

(Caution behavior may change when owner is absence - monitor chewing and choking hazards)

Walking Instructions (collar, leash, halter, run-free)

Allowed In or On (rooms, furniture)

Afraid of or fears

Favorite hiding spots

Signs of behaviors to watch for

Past Info

Has your dog ever attended daycare or been boarded in a cage-free environment?

Yes No

If yes, how did he/she respond? Please check ALL that apply:

Playful Talkative Nervous Submissive Dominant Aggressive

Excited Hackles-Up Yelping/Nipping Possessive of toys Herded others dogs

Ran Laps Ignored Other Dogs Sniffed & Peed

Other

Has your dog ever bitten a person or another dog?

If Yes, Please explain

Yes No

Has your dog ever been bitten or attacked by another dog, or been abused? If yes, please explain:

Yes No

Does your dog board well? If no, please explain:

Yes No Never Boarded

Insurance Information

Pet Insurance Company

Policy and Group Number

Phone Number

We give you permission to authorize medical emergency medical care for our pet[s] as deemed necessary by a veterinarian, and we will be responsible for full payment of such care.

Yes No Call Us First

Boarding and Daycare Policies

*** Please Read ***

*** And Initial Each Section ***

Emergency Medical Care: If, in Scratch N Sniff Pet Care judgment, your dog requires immediate medical care and she is unable to reach you, We will take your dog to a veterinarian or animal hospital.

O Yes Initials ____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your dog and you release **Scratch N Sniff Pet Care** of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

____ Scratch N Sniff Pet Care reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs or other members of the household.

____ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with me to ensure your dog's safety as well as that of our existing household dogs.

____ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding or let the driver know who is scheduled to pick up your dog. If your dog comes into heat while boarding you will be charged an extra \$25 per day. Dogs with flea or tick problems will be treated with a flea preventive, at the owner's expense (\$15).

____ I acknowledge and understand that there are certain risks involved in day care and boarding, including but not limited to dog fights, dog bites to humans or other dogs, and the transmission of disease. Any medical expenses will be my responsibility and I release Scratch N Sniff Pet Care of any charges.

____ All charges must be paid in full upon 30 days after being invoiced by Scratch N Sniff Pet Care.

____ Changing a dog's food can cause upset stomach, owners are welcomed & encouraged to bring their dog's food from home. Owners are welcome to bring their dog's own bedding if desired, however we cannot guarantee that they will be returned in the same condition.

____ Scratch N Sniff Pet Care accepts cash, or check (please note, there is a \$25 returned check fee). Scratch N Sniff Pet Care reserves the right, without notice, to adjust its fees for services. Please inquire as to my current fees.

By submitting this form,

a. ____ You indicate your agreement with all the terms listed hereof,

b. ____ You release, indemnify, and agree to hold Scratch N Sniff Pet Care harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by Scratch N Sniff Pet Care, except which may arise from the sole gross negligence or intentional and willful misconduct of Scratch N Sniff Pet Care, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to Scratch N Sniff Pet Care, (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.

c. ____ This agreement covers the current relationship between Scratch N Sniff Pet Care and yourself. Each time you bring your dog to Scratch N Sniff Pet Care, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

Signature _____

Date _____