

Sit and Stay Pet Services *New Client Packet*

Thank you for choosing Sit and Stay Pet Services!

Please have the following ready for the initial visit/consultation:

- Your signed forms
 1. Veterinary release, contact, and emergency information
 2. Pet Information Form
 3. Service Request Form
- Your house key (for the upcoming visit or one that Sit and Stay can keep for future visits).
- Trip information, including hotel and if you plan to have visitors while you are away.
- Emergency contacts for yourself and another contact.

Sit and Stay Pet Services - Veterinary Release Agreement

In the event that any of my pets appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Sit and Stay Pet Services, I give permission to Sit and Stay Pet Services to seek veterinary care from a veterinarian and/or veterinary clinic. My preferred services are listed below:

Name of Clinic: _____

Name of Veterinarian: _____

Phone Number: _____

Address: _____

****If my chosen vet clinic is closed or otherwise inaccessible, I give Sit and Stay Pet Services authorization to choose another vet clinic or emergency care clinic. *Initial:* _____ ****

I ask Sit and Stay Pet Services to inform the attending clinic or veterinarian of my requested diagnosis and treatment limit of \$_____ per pet. I understand that efforts will be made to contact me regarding any treatments, illnesses, injuries, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Sit and Stay Pet Services care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Sit and Stay Pet Services to use their best judgment in handling these situations, and I understand that Sit and Stay Pet Services and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, grooming, medical supplies, and boarding. I also agree to be responsible for all service fees assessed by Sit and Stay Pet Services for emergency transportation, care, and supervision, and will pay such fees within 14 days of each incident.

Every cat and dog at the site of service will be current on its rabies vaccinations prior to the arrival of Sit and Stay Pet Services. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Sit and Stay Pet Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within the Sit and Stay Pet Services care.

Client/Owner Name (printed): _____

Signature: _____ **Date:** _____

Sit and Stay Pet Services - Pet Information

Please complete ONE Pet Information form per pet or litter.

Owner: _____ **Pet Name:** _____

Pet Type: Dog / Cat / Bird / other: _____ **Breed:** _____

Sex: M / F **Declawed:** Y / N **Neutered/Spayed:** Y / N **Age:** _____

Physical Description:

Feeding Instructions:

___ **DRY:** Brand: _____
Amount: _____
Where to feed: _____
When: _____

___ **WET:** Brand: _____
Amount: _____
Where to feed: _____
When: _____

___ **WATER:** Water will be cleaned and filled frequently.
Tap: _____
Bottled: _____
Filtered: _____

___ **TREATS:** Type: _____
Amount: _____
Location: _____

___ **MEDICATIONS:**
Type: _____
Amount: _____
Hide in treat: _____

Procedure: _____

Pet's Living Area:

Allowed Outdoors: Y / N Allowed indoors: Y / N

Allowed on furniture, counters, beds: Y / N

Restricted area while alone: Y / N, please specify:

Initial: _____

Emergency Care: **Placing Credit Card on file at the vet's office is recommended**

Vet Name:

Clinic Name:

Phone:

Address:

Pet Allergies:

Vaccinations up to date on (month/year):

Pet Medical History:

Temperament/ Personality: (please tell us a little bit about your pet, likes/dislikes, etc)

Has your pet ever escaped?

Where does s/he like to escape to?

How can s/he be retrieved?

Any other information you would like us to know?

Client/Owner Name: _____

Signature: _____ **Date:** _____