

DOGZ BEST FRIEND CONTRACT

Client Information

Pet Parent(s)

Last Name _____ First Name(s) _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Emergency Contact (other than parents listed above, preferably someone local)

Last Name _____ First Name(s) _____

Home Phone _____ Cell Phone _____

Please list any other names authorized to drop off/pick up your pet:

****We will only release your pet(s) to people listed above****

Emergency Medical Release:

In case of an emergency, you will be contacted immediately. If we are unable to reach you or your emergency contact and immediate medical attention is required, we will transport your dog to a local veterinarian. Please be advised if immediate attention is required after local vet hours your pet will be transported to MedVet Emergency in Asheville, NC.

I/We the owner(s) of _____ understand that there are inherent risks to bringing our pet to daycare or boarding. In the event of serious injury and/or illness, I/We give consent to Dogz Best Friend and it's employees to act in my/our behalf, in the event we cannot be contacted, to authorize and/or refuse any necessary medical treatment while under the care of Dogz Best Friend. **I/We Understand that I/We will be responsible for any and all costs incurred for such treatment. Please Initial here:** _____

Pet Profile:

- Pet #1

Name _____ Breed _____ Male or Female

Date of Birth(Age) _____ Color _____

Spayed/Neutered _____ Weight _____

- Pet #2

Name _____ Breed _____ Male or Female

Date of Birth(Age) _____ Color _____

Spayed/Neutered _____ Weight _____

Pet Profile:

- Pet #3

Name _____ Breed _____ Male or Female

Date of Birth(Age) _____ Color _____

Spayed/Neutered _____ Weight _____

Please list any information that will better help Dog'z Best Friend care for your pet(s). General Health, Medications, special needs, behaviors or concerns. If your pet(s) take medications please list these and the frequency in which they receive them: _____

What type of food do you feed your pet(s)? Please include amount and how many times per day. _____

Pet(s) Veterinarian Information:

Clinic Name _____

Veterinarians Name _____ Office Phone _____

Fax _____ Email Address _____

Physical Address _____

Vaccination Requirements of Dog'z Best Friend:

Required for all dogs prior to visit:

- Rabies (1 year or 3 year)
- DHPP or DAPv (1 year or 3 year)
- Bordetella (kennel cough) annually

Required for all cats prior to visit:

- Feline Rabies (1 year or 3 year)
- Feline Leukemia
- FVRCP (Feline upper respiratory)

Is your pet on heartworm and flea/tick prevention? List Brands and frequency given/applied. _____

Social Media Release:

We often like to share photos and videos of the animals in our care enjoying their stay with us on our social media and our website. Do we have your consent to include your pet(s) in this? _____

Pet Parent Signature: _____

Date: _____ ****This signature is to authorize this contract****