**Capital Pawsitting Information Form**

**Owner Info**

Date:

Owner’s Name:

Phone #: Home- Cell-

Email:

Address:

Will owner be able to be contacted, if yes, by what means:

Travel Location:

Keys(please circle): 1 or 2 Returned after Service ($5 extra charge) or Keep on File (free)

Emergency Contact: Phone #-

Names and Contact Info of people with keys or who may be stopping by home:

Date of Service Needed: / / - / /

# of Visits per Day: Times of Visit:

**Pet Info**

Veterinarian’s Name/Location/Phone #/Hours

Name: Male/Female Age: Breed/Description:

Special Alerts (ex: animal/people/food aggression):

Feeding Times: Food Location:

Feeding Directions:

Medications and Directions:

Name: Male/Female Age: Breed/Description:

Special Alerts (ex: animal/people/food aggression):

Feeding Times: Food Location:

Feeding Directions:

Medications and Directions:

Name: Male/Female Age: Breed/Description:

Special Alerts (ex: animal/people/food aggression):

Feeding Times: Food Location:

Feeding Directions:

Medications and Directions:

Location of Cleaning Supplies and garbage disposal:

*Continue on back if more than 3 pets*

*Please list any behavioral issues on back per pet*

*Please list any additional services and directions needed on back such as trash take out, watering plants, rotating lights*

*bringing in newspaper…..*

 **Capital Pawsitting Policies and Liabilities**

* An in home consult is required for all new clients before agreeing to service.
* All pets must be up-to-date on vaccines (unless cleared by a veterinarian for health reasons).
* I request 2 key copies, one to keep with me and one to keep in a separate location for emergencies

This can be waived if an emergency contact with a key is listed

* Any expenses incurred due to lack of proper pet food/litter supply will be charged to owner upon arrival of their return.
* Payments must be made in advance or left at time of service. If additional charges accrue, payment will be made within 7 days of return.
* Prices may vary and additional charges may be needed depending on the number of pets or time required to care for them properly.
* Please remember to call *Capital Pawsitting* upon your arrival home. If *Capital Pawsitting* is not notified, service will continue to be provided until notification of owners return. Additional charges will apply in the case of late arrival or failure to notify *Capital Pawsitting* of your return.
* There will be a $25 service charge for any returned checks

**Photo Release**

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| --- |
|  |

 I approve the use of my pets photos on Facebook and/or website (no personal info will be published)

|  |
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|  |

I do not approve the use of my pets photos on Facebook and/or website

**Emergency Instructions**

In the case of medical emergency on part of the staff of *Capital Pawsitting*, please leave instructions of who to call to continue care for pets, or a location to bring them. This will only be necessary in the case that the staff of *Capital Pawsitting* cannot continue service to do a medical or physical emergency.

Directions for Emergency:

**Liability Release**

* I agree to waive and relinquish all claims against *Capital Pawsitting* except for those arriving out of negligence on the part of *Capital Pawsitting*. It is understood and agreed that *Capital Pawsitting* will not be held liable or responsible for any damage(s) to client’s property, or the property of others, caused by clients pet(s) during the service period in which pet(s) are in the care of *Capital Pawsitting.*
* Should an injury or medical ailment occur to a staff member of *Capital Pawsitting* due to clients pet, it will be client’s responsibility to pay all costs and damages incurred by *Capital Pawsitting* and its staff.
* *Capital Pawsitting is* not to be held liable for damages to home beyond the pet sitters control. This includes, but is not limited to leaks, electrical problems and acts of nature. Please leave an emergency contact to handle these situations if owner will not be able to be reached. All fees and billing will be owner’s responsibility.
* The owner states that he/she has read and agreed to all terms and conditions for service at *Capital Pawsitting*. This agreement is valid from date signed until owner or Capital Pawsitting has terminated services or at a time that *Captail Pawsitting* has updated policies, in this case a new form will need to be signed by owner.

Pet Owner’s Name: Pet Owner’s Signature:

Date:

**Capital Pawsitting Vet Release:**

I hereby authorize Kasey Kohler of *Capital Pawsitting*, to approve treatment for my pet(s) while they are in her care in the event of an emergency. I will be responsible for payment of veterinary bills upon my return and release all liability related to transportation, treatment and expense. I agree to notify my veterinarian prior to my departure of authorization. If preferred, an Emergency Contact can be assigned treatment approval, but this will have to be specified by owner. If a monetary limit is preferred by owner, please specify on this form a maximum monetary allowance for treatment of pet. This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time *Capital Pawsitting’s* service is used by owner.

Name of Veterinary Hospital:

Pet Owner’s Name Pet Owner’s Signature:

Date:

Pets Name(s):