

Information Sheet Policy

FORM MUST BE COMPLETED IN FULL AND RETURNED TO JULIE AT CATS AND CRITTERS PET SITTING PRIOR TO FIRST DAY OF CARE.

Please know, first and foremost, that if there are any issues with your pet, we will make every attempt to contact you immediately.

This form may seem at little excessive at first glance. However, having been a veterinary technician for many years, I have seen emergency situations come up while pets are under a pet sitter's care. And unfortunately, a very large majority of pet sitters are unprepared to provide information to veterinarians that can be essential to proper and timely treatment.

Emergencies never happen at a convenient time and we must have an emergency contact in the event that we are unable to contact you, especially if you know you will be in an area with poor cell phone reception or you will not readily have access to a phone. In addition, we must also know how you wish to proceed with treatment if we cannot contact you or your emergency contact. This is vital to obtaining timely treatment for your pet.

Having a complete medical history for your pet may also aid veterinarians with treatment options (medication allergies, previous surgeries, etc.). This form is not meant to invade your privacy. It is meant to ensure that your pet can receive necessary medical treatment as quickly as possible.

Veterinary hospitals generally require payment at time of treatment. If any employee of Cats and Critters Pet Sitting is directly responsible for the cause of the medical emergency, Cats and Critters Pet Sitting will gladly cover the full cost of treatment. However, many emergencies can arise that are not the fault of any pet sitter (i.e. urethral obstructions, egg binding, etc.). Cats and Critters Pet Sitting employees are experienced at noticing the symptoms of these and other potentially life threatening medical conditions and will immediately take your pet for emergency care, but require that you accept responsibility for the cost of treatment in these situations.

We simply want to be as thorough as possible so that we are able to provide the best care to your pet. If you have any questions or concerns regarding this policy or the information form, please feel free to contact us any time via phone, text, or email. All information will be kept confidential unless directly needed for your pet's medical treatment

Thank you,

Julie Smith
Owner/ Operator
Cats and Critters Pet Sitting

Cats and Critters Pet Sitting Information Sheet

OWNER INFORMATION:

Name: _____

Primary Phone#: _____ Secondary Phone#: _____

Address _____
Street City Zip Code

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Please provide the name of an individual who is authorized to make medical and/or financial decisions for your pet in the event that we are unable to contact you at the information provided on this form

How did you hear about us? YELP! Facebook Nextdoor Pet Expo _____

Referral (referring client's name) _____ Other _____

PET INFORMATION

Name: _____ Male/ Female (circle one) Neutered/ Spayed or Intact (circle one)

Species: _____ Breed: _____ Color: _____ Age: _____

Brand of Food: _____ dry/ wet/ both (circle one)

Quantity Given and Number of Times per Day: _____

Medical Conditions/ Diagnoses: _____

(Please list ALL medical conditions past and current, including any surgeries)

Medications: (please list ALL medications and supplements that your pet takes, even if they are not currently being given (i.e. seasonal allergy medications, heartworm preventative, etc.)

1. Medication Name & Dose (i.e. milligrams): _____

Quantity Given: _____ Times per day: _____

Route of Administration: _____ (oral, subcutaneous, transdermal, etc.)

2. Medication Name & Dose (i.e. milligrams): _____

Quantity Given: _____ Times per day: _____

Route of Administration: _____ (oral, subcutaneous, transdermal, etc.)

*If additional medications/ medical treatments are required, please use additional page

Cats and Critters Pet Sitting

MEDICAL EMERGENCY WAIVER

Though we do hope that this form is never needed for any animal, there is always a chance that an emergency may arise. Should an emergency occur, employees of Cats and Critters Pet Sitting will need to know what your treatment wishes are in the event that we are unable to contact you or your emergency contact provided on page 2 of this form.

Name of Pet(s): _____

Name of Regular Veterinarian or Hospital: _____

Veterinarian's Phone #: _____

While we will always attempt to bring your pet to your regular veterinarian, there are some emergencies that general practitioners may not be equipped to handle. Should such an event occur, Cats and Critters Pet Sitting employees will take your pet to the nearest emergency veterinary hospital.

In the event of a medical emergency, after all efforts have been made to contact me and my emergency contact at the information above, if employees of Cats and Critters Pet Sitting are unable to contact me,

I do _____

I do NOT _____

(Please initial next to your choice)

give my permission to have my pet treated for emergency care. I also agree that if treatment is performed on an emergency basis either by my regular veterinarian or an emergency facility, I will take financial responsibility with the veterinary hospital and not hold Cats and Critters Pet Sitting or its employees financially responsible unless the emergency is the direct result of Cats and Critters Pet Sitting employees.

Signature

Date