



***Home Contact Information, Pet Owner:***

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

***Vacation / Business Contact Information:***

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

***Vet Contact Information:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Emergency Contact Information***

The following individuals may give a veterinarian consent for emergency treatment of any of my pets if I am unavailable.

Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pet Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***Pet Owner:***

Please fill out a Pet Information form for each pet so I have a record of their identification, health, and behavior.

***Pet #1 Identification:***

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Type of Animal (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color / Markings: \_\_\_\_\_ Spayed / neutered? Y/N: \_\_\_\_\_  
 Health Issues / Medications: \_\_\_\_\_

***Pet #2 Identification:***

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Type of Animal (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color / Markings: \_\_\_\_\_ Spayed / neutered? Y/N: \_\_\_\_\_  
 Health Issues / Medications: \_\_\_\_\_

***General Habits***

Does s/he have problems going outside in bad weather? \_\_\_\_\_  
 What is your pet's favorite playtime activities? \_\_\_\_\_  
 What and where are his/her favorite toys? \_\_\_\_\_

***Towels***

Where are your pet-drying towels? \_\_\_\_\_

***Dog Details***

Walk-Ins Additional Service

Is the pet leash trained? Yes or no? \_\_\_\_\_  
 Where is the leash? \_\_\_\_\_  
 Where do you generally walk your dog? \_\_\_\_\_  
 Where do you keep plastic bags to use to pick up solids while walking your dog or if s/he has an accident in the house? \_\_\_\_\_  
 Where do you put the "used" plastic bags? \_\_\_\_\_

***Interaction with others:***

Are there any animals or people the pet should stay away from? \_\_\_\_\_  
 How does s/he react to strangers? \_\_\_\_\_  
 Has s/he ever attacked anyone? \_\_\_\_\_



### ***Cat Details***

Do you use a liner in the litter box? If so, where do you keep them? \_\_\_\_\_

Where do you keep the litter? \_\_\_\_\_

Where do you dispose of used litter? \_\_\_\_\_

How often do you change the litter? \_\_\_\_\_

How often do you scoop the litter? \_\_\_\_\_

### ***Food/Water***

Do you feed your pet dry food? Y/N? \_\_\_\_\_

If so, how much? \_\_\_\_\_

Do you feed your pet wet food? Y/N? \_\_\_\_\_

If so, how much? \_\_\_\_\_

Where do you keep the food? \_\_\_\_\_

Where do you feed him? \_\_\_\_\_

How many times a day is he to be fed and at what times? \_\_\_\_\_

Do you give him tap water or filtered water? \_\_\_\_\_

### ***Other***

Is there any other information about your pet that would be helpful for me to know about?

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**Pet Owner:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Dates of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

How many times? \_\_\_\_\_

At What Times? \_\_\_\_\_

Pill or liquid? \_\_\_\_\_

Does the pet take it well? \_\_\_\_\_

If pill form, do you object to me placing the pill in peanut butter and giving it to the pet in this manner?

**Vaccinations:**

• Please attach copies of current vaccinations for your pets:+

|  |                          |                              |
|--|--------------------------|------------------------------|
|  | <input type="checkbox"/> | Rabies                       |
|  | <input type="checkbox"/> | Kennel Cough (boarding only) |
|  | <input type="checkbox"/> | Other?                       |



Pet Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Pet Owner: \_\_\_\_\_

Please fill out these details about your home so I know how to care for it in your absence. I will not answer the telephone while in your home, but I will answer the door.

### ***Other people in your home***

Who else has access to your home (maid, relatives, neighbors)? \_\_\_\_\_

Who may be in the home while service is being provided? \_\_\_\_\_

Who else has a key? Please list phone numbers and/or addresses of these people.

|  |
|--|
|  |
|  |

### ***Security Systems***

Do you have an alarm system? \_\_\_\_\_

Where is it located? \_\_\_\_\_

How is it activated/deactivated? \_\_\_\_\_

If applicable, what is your GATE code? \_\_\_\_\_

### ***Key Release***

I authorize the representative, Elaine Lacourse, Pet Services, to use my house key(s) during the time she will be caring for my pets. If Elaine does not keep my keys on file, there may be a charge of \$5 to pick up and return them to me.

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Please return my keys after I return. _____                 |
| <input type="checkbox"/> | Please keep my keys for future visits until further notice. |



### Conditions

In the event of personal emergency or illness of Elaine Lacourse, Client authorizes her to arrange for another qualified person to fulfill responsibilities as set forth in this contract. Client will be notified in such a case.

All companion animals are to be currently vaccinated. Should Elaine Lacourse (victim) be bitten or otherwise exposed to any disease or ailment received from Client's animal which has not been properly and currently vaccinated, it will be the client's responsibility to pay all cost and damages incurred by the victim.

Client authorizes this signed contract to be valid approval for future services for any purpose provided by this contract permitting Elaine Lacourse to accept telephone reservations for service and enter premises without additional signed contracts or written authorization

In the event that Elaine or her representative is injured or her vehicle is damaged by my pet while she is caring for or transporting my pet, I will be responsible for all costs.

**Please remember to call or email upon your return from your trip.** Otherwise, I will need to continue visiting to assure the safety and well-being of your companion animal. Additional trips will be added to your bill. Please call at ANY hour and leave a voice message that you have returned. If an additional sit is rendered, you will be invoiced.

**UNSECURED COMPANION ANIMALS-** Elaine Lacourse will not be held liable for **free-roaming** outdoor companion animals (i.e. cats) in the event of illness, injury, loss or death. It is strongly advised that all companion animals wear an ID tag with a contact number and that they remain inside the home or confined for their own safety and welfare in your absence. Elaine Lacourse will not be held liable for critters the outdoor cats bring into owners home.

**SECURED AREAS-** It is the companion animal owner's sole responsibility to companion animal-proof any areas of the home and/or property to which the companion animal has access. This includes thoroughly inspecting fences, gates, latches, doors and other devices meant to keep the companion animal inside of or away from any areas companion animal may be having access to. Elaine Lacourse does not assume and has no liability for any injuries the companion animal may sustain while in its own home/property.

I authorize Elaine Lacourse to take my companion animals to a veterinarian in case of emergency. In the event Elaine Lacourse is NOT able to reach you this decision will be the sole discretion of Elaine Lacourse, and will not require prior notification. Client agrees to reimburse Elaine Lacourse for any expenses or additional fees incurred for veterinary or emergency care. I have reviewed this Service Contract for accuracy and understand the contents of this form

Client Name (Please Print) \_\_\_\_\_

Client Name (Please Sign) \_\_\_\_\_ Date \_\_\_\_\_