Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Primary Phone*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/ Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_

Email for pet updates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***AUTHORIZATION TO RELEASE DOG(s) TO PERSON(s) OTHER THAN OWNER / EMERGENCY CONTACT***

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

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

***VETERINARY CLINIC INFORMATION*** **For the health and safety or all our pet clients receiving services (grooming, spa treatments and/or daycare), we require updated vaccination records.  Current vaccination requirements are as follows: six month Bordetella, Rabies, Influenza, and (DHLPP) - Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus. Felines are as follows: FVRCP, Rabies and Feline Leukemia vaccination. We reserve the right to decline services based on lack of meeting vaccination requirements and other circumstances accordingly.**

**Vet/Clinic Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PETS 6mos or older MUST be spayed/neutered to be in social rooms or doggie daycare with other pets.**

**Vaccinations need to have been given at least 5 days prior BEFORE pet arriving on site.**

**1st Pet Info**

Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

 Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.

**2nd Pet Info**

 Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.

Service Preference: Doggie Daycare \_\_\_\_ Boarding\_\_\_\_ Grooming \_\_\_\_ ROOM PREFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Preference for Doggie Daycare**: Credit Card once a month on this date \_\_\_\_\_\_\_\_\_\_\_ Buy Sessions upfront \_\_\_\_\_\_\_\_\_\_

Credit Card to Keep on File Card Type: \_\_\_\_\_\_\_\_\_\_\_ Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_ CVS 3 digit code:\_\_\_\_\_\_\_\_\_ Billing Zip \_\_\_\_\_\_\_

**CLIENT MUST SIGN BELOW**

I have read and understand this agreement in its entirety and I certify the information provided herein is accurate and complete.

**I also acknowledge that I can obtain a current copy of Your Pet Butler McFan LLC Terms & Conditions at** [**www.yourpetbutler.com**](http://www.yourpetbutler.com) **.** I certify thatmy pet(s) will be current on all required vaccinations at the time of boarding and that my pets have not been sick within the last 10 days prior to service request.  **I authorize Your Pet Butler LLC to do whatever it deems necessary for the health and well-being of my pet(s) during their visit and agree to pay for any and all expenses relating to same. I also understand that Your Pet Butler LLC reserves the right to re-assign pets to different suites or enclosures if they become destructive, overly aggressive, or they become disruptive to staff and other pets. I also understand that payment is due at time service is rendered.** In addition, by signing below you may verbally (by telephone) or in writing (by fax or email) request that Your Pet Butler LLC release your pet(s) to someone other than the person(s) listed above, and you release Your Pet Butler LLC of and from any and all responsibility for releasing your pets(s) to any person Your Pet Butler LLC believes to be authorized by yourself.

**PETS 6mos or older MUST be spayed/neutered to be in social rooms or doggie daycare with other pets.**

**Vaccinations need to have been given at least 5 days prior BEFORE pet arriving on site.**

**3rd Pet Info**

Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

 Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.

**4th Pet Info**

 Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.

**5th Pet Info**

Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

 Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.

**6th Pet Info**

 Pets Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_

Birthdate of Pet \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ HOUSEBROKEN \_\_\_\_\_SPAYED \_\_\_\_\_NEUTERED

Bordetella-**every 6 months**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Verified By *\_\_\_\_\_\_\_\_\_*

Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral/Health Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication needed while here boarding? If yes- ask to fill out Medication form.