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PRICELESS PET SERVICES, LLC

# REGISTRATION PACKET

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1 W 100<sup>th</sup> Street  
New York, NY 10025

**212-933-4042**

PRICELESSPETSERVICES.COM  
PRICELESSPETSERVICES@GMAIL.COM

## **WELCOME TO PRICELESS!**

Your family has just become part of the premiere pet care team on the Upper West Side. To maximize your pet's safety and the safety of all the pets in our care, we ask that you read and sign the following:

1. All dogs must have up-to-date tags and a NYC license; one can be obtained by going to NYC.gov. **On-site we must have up-to-date vaccination records and a copy of your dog's license.** This is for the health and safety of all of our dogs, in addition to our compliance with the New York City Board of Health.
2. **All appointments and/or changes to your pet's daily schedule must be made via e-mail, at [pricelesspetservices@gmail.com](mailto:pricelesspetservices@gmail.com).** Please include your pet's name and the date of requested service in the subject line. A confirmation will be e-mailed to you. It may include questions we have about your request. Your pet is our priority and we do not want any bookings / instructions to be overlooked or misunderstood.
3. All boarding reservations must be paid in full at drop off. Changes or incidentals can be settled at pick up.
4. Any cancellation of a dog walk service must be made 4 hours prior to service or you will be charged the full price of the walk. Any cancellation of a day care or overnight service must be made before 7 pm on the day prior to the reservation or you will be charged the full price of the day care or the first 24-hour period of an overnight stay.
5. Priceless Pets Services is open to the public from 7 am to 7 pm, 7 days a week. Although we are staffed 24 hours a day, for the safety of the dogs in our care pick ups and drop offs are best when we are open to the public. A late pickup can be arranged in advance, so we can make sure the appropriate staffing is in place. There is a \$13 fee for every hour past closing. There are absolutely no pick ups after 10 pm.
6. We will do our best to accommodate changes to your pet's schedule requested after 7 pm the day before the service, but cannot guarantee it. A same day fee of \$13 will be charged for any off-site services requested after 7 pm the day before. This includes, but is not limited to, walks, a pick up and/or a drop off.
7. If you are providing food to be given on-site, it must be clearly marked in a Ziploc bag, with your pet's name, amount and frequency. We have dogs on very strict diets and never want there to be any confusion.
8. Please do not bring personal beds, toys or bowls. Priceless is not responsible for loss or damage to individual gear left on site, including but not limited to collars, leashes, bags, booties, or food containers. There are also no treats given when your dog is on site.
9. We reserve the right to use any equipment we feel maximizes the safety of your dog and the pack when they are in our care. This includes, but is not limited to chokers, prong collars and a variety of leashes.
10. All clients requiring walks or pick up/ drop off services must provide Priceless with 2 sets of keys. Dogs being dropped off on-site must check in at the front desk upon arrival and will only be returned by the desk.

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Pet Owner (*print*)

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Date

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PPS Representative (*print*)

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Date

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Pet Owner (*signature*)

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Date

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PPS Representative (*signature*)

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Date

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## GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Description: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date (Approx) \_\_\_\_\_ Gender: \_\_\_\_\_

License Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone(s): Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about Priceless? \_\_\_\_\_

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## Emergency Contact

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s) Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **VETERINARY INFORMATION**

Veterinarian's Name: \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

Vet's Address: \_\_\_\_\_

Flea Prevention: \_\_\_\_\_

In the event of an emergency Priceless has my permission to transport (dog's name) \_\_\_\_\_ and/or (dog's name) \_\_\_\_\_ to my vet (or the closest vet) if necessary.

Payment is expected to Priceless for any expenses incurred

**A copy of your dog's current vaccination records must be on site at all times.**

**Fax to: 646-559-2875 or email to: Pricelesspetservices@gmail.com**

## **MEDICAL TREATMENT RELEASE FORM**

I (we) the undersigned owner(s) of \_\_\_\_\_, and \_\_\_\_\_, my dog(s), do hereby authorize and consent to such medical services or care which are necessary or appropriate for my dog, including the selection of veterinary personnel and facilities and transportation or transfer of my dog to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my dog, after reasonable consultation with duly licensed veterinarians. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment to my dog but that any of the above treatment will not be withheld if the undersigned cannot be reached.

It is understood that I will be financially responsible for any expenses incurred.

Owner's Name 1 (*print*): \_\_\_\_\_

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name 2 (*print*): \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

## **HEALTH AND TEMPERAMENT AGREEMENT**

- 1) I understand that I am solely responsible for any harm caused by my dog while my dog is attending Priceless.
- 2) I further understand and agree that in admitting my dog, Priceless has relied on my representation that my dog is in good health and has not harmed or shown aggression or threatening behavior towards any person or any other dog.
- 3) I further understand and agree that Priceless and their staff will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation at Priceless.
- 4) I further understand and agree that any problem that develops with my dog will be treated as deemed best by the staff of Priceless, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
- 5) Priceless reserves the right to refuse admittance to any dog that does not meet the health and temperament requirements.
- 6) I further understand and agree that any member of the Priceless staff has access to my home for the purposes of picking up or dropping off my animal if I provide Priceless Pets with the authority to enter my home.
- 7) Priceless reserves the right to use any equipment we feel maximizes the safety of your dog and the pack when they are in our care.
- 8) I, (print name) \_\_\_\_\_ certify that I have read and understand the rules and regulations as set forth in this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

Owner's Name 1 (*print*): \_\_\_\_\_

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name 2 (*print*): \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

## **PAYMENT INFORMATION**

Preferred Payment Method:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit card (*required on file regardless of preferred payment method*):

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

\_\_\_\_\_ I agree to pay for services when they are reserved or rendered. I authorize Priceless Pet Services LLC, its affiliates, and its subsidiaries to charge balances for services to the credit card listed above according to Priceless Pet Services' policies. I understand any outstanding balances will be charged to the card above.

Owner's Name (please print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY**

PPS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PPS Handler: \_\_\_\_\_ Date: \_\_\_\_\_

Passed \_\_\_\_\_ YES \_\_\_\_\_ NO

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