



Thank you for choosing Roaming Home Pet Care. Please complete this form to ensure we have the necessary information to provide safe and professional care for your pet.

CLIENT INFORMATION

Full Name:

Address:

Email Address:

Phone Number:

PET INFORMATION

Name:

Species & Breed:

Age:

Spayed ☐ Neutered ☐ Intact ☐

Vaccine Status (Rabies, DHPP/FVRCP, Bordetella if applicable):

Allergies:

Current Medications:

Medical Conditions:

Has your pet ever shown aggression or bitten anyone? Yes ☐ No ☐

If yes, please explain:

CONSENT & ACKNOWLEDGMENT

Treatment Authorization: I authorize Roaming Home Pet Care to provide services, including but not limited to nail trims, ear cleaning, anal gland expression, medication administration (oral, injectable, eye, and ear), drop-in visits, and dog walking.

Pet Handling & Safety: I acknowledge that my pet's safety and well-being are the highest priority. If my pet is aggressive or difficult to handle, appropriate restraint devices may be used. If it is deemed unsafe to proceed, services may be refused.

Medical Emergencies: I understand that Roaming Home Pet Care does not provide emergency medical services. In the event of a medical emergency, I will be contacted immediately. If I cannot be reached, I authorize my pet to be taken to the nearest veterinary clinic at my expense.

Owner Responsibility: I agree to ensure that my pet is accessible and ready for service at the scheduled time in a safe and secure environment.

Travel Fees: I acknowledge that travel fees may apply based on my location relative to the service area.

Payment Policy: I agree to pay for services upon completion via e-transfer or cash. I understand that failure to provide payment may result in refusal of future services.

Cancellations & Rescheduling: I agree to provide at least 24 hours' notice for cancellations or rescheduling. Failure to do so may result in a cancellation fee.

Injury & Damage Disclaimer: I acknowledge that Roaming Home Pet Care is not liable for any injury, illness, or adverse reaction due to pre-existing conditions, self-inflicted harm, or underlying medical issues. Additionally, I release Roaming Home Pet Care from liability for any damage to my property during drop-in services, except in cases of negligence.

Refusal of Service: Roaming Home Pet Care reserves the right to refuse or discontinue services if a pet poses a risk to safety.

Photographic Consent (Optional): I give permission for Roaming Home Pet Care to use photos or videos of my pet(s) for social media or promotional purposes.

Yes ☐ No ☐

I have read and understand the above terms. By signing below, I consent to the services provided by Roaming Home Pet Care and agree to abide by these terms.

Client Signature:

Date: