

Boarding Agreement & Veterinary Release

Welcome to the Guinea Pig B&B, part of the Critter Sitter family of pet services.
Please complete the following information for check in.

OWNER INFORMATION

Name: _____ Cell: _____
Address: _____ Home: _____
City/Zip: _____ Email: _____

GUINEA PIG INFORMATION (please complete a separate section for each guinea pig)

Name: _____ Sex (M/F): _____
Color: _____ Breed: _____
Approximate Age: _____
Any habits, likes, dislikes? _____
What is this guinea pig's personality like? _____
What are your guinea pig's favorite veggies? _____
Any known health issues? _____

Name: _____ Sex (M/F): _____
Color: _____ Breed: _____
Approximate Age: _____
Any habits, likes, dislikes? _____
What is this guinea pig's personality like? _____
What are your guinea pig's favorite veggies? _____
Any known health issues? _____

Items left with guinea pigs: _____
(blanket, carrier, etc.)

(For Critter Sitter to complete)

Check in Date: _____ Check out Date: _____
Total nights: _____ Total Due at Check out: \$ _____

In the event of a health emergency, do you have a preferred vet you'd like us to contact first?

Vet's name and phone number: _____

In the event that my preferred vet is not able/available to see and treat my guinea pig(s) in a reasonable amount of time as determined by Stephanie Carpenter or any of the associates of The Critter Sitter, I authorize her to select and take my guinea pig(s) to a vet of her choosing for care.

I understand that The Critter Sitter will do what it takes to keep my guinea pig safe, happy and well fed. I understand that I will hold Stephanie Carpenter or any of the associates of The Critter Sitter free from liability should any injury or natural death occur to my guinea pig(s) while in their care.

I understand that if I do not pick up my guinea pigs within 14 days of the scheduled check out date, my guinea pigs will be deemed abandoned. The Critter Sitter then has the right to place my guinea pig(s) with a new owner. I will still be held liable for any and all boarding costs and/or vet costs incurred while my guinea pig(s) were in The Critter Sitter's care.

Signature: _____

Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize the attending veterinarian to treat any of my guinea pigs as listed above and I accept full responsibility for all fees and charges (limited to \$_____) incurred in the treatment of any of my pets.

Stephanie Carpenter or any of the associates of The Critter Sitter are authorized to transport my guinea pig(s) to and from the veterinary clinic for treatment. If I cannot be reached in case of an emergency, The Critter Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Signature: _____

Date: _____