

PET NAME(S): _____

MUDDY PAWS PET CARE
Boarding/Daycare Service Agreement



MUDDYPAWS

Today's Date: _____

CLIENT INFORMATION			
Client(s): #1		#2	
Address:		City:	State: Zip:
Email address #1:		Email Address #2:	
Cell Phone #1:		Cell Phone #2:	
How did you hear about us?			

#1 PET INFORMATION			
Pet's Name:		Age:	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Type of Pet:	Breed/Color/Weight:		Current Vaccinations: Y <input type="checkbox"/> N <input type="checkbox"/>
Vaccinations on record with your current veterinarian? Y <input type="checkbox"/> N <input type="checkbox"/>		Flea/Tick/Heartworm treated: Y <input type="checkbox"/> N <input type="checkbox"/>	Is pet micro-chipped: Y <input type="checkbox"/> N <input type="checkbox"/>
Separation Anxiety: Y <input type="checkbox"/> N <input type="checkbox"/>	What helps with the anxiety?		
How long have you had your pet?	Was your pet a rescue: Y <input type="checkbox"/> N <input type="checkbox"/>	What we should know:	
Feeding instructions (amounts, times per day, etc.):	Is your dog potty-trained? (Please see add'l charge)		Y <input type="checkbox"/> N <input type="checkbox"/>
Health concerns:	Does your dog "mark" inside? (Please see add'l charge)		Y <input type="checkbox"/> N <input type="checkbox"/>
Medications/Dosages:	Is your dog allowed on furniture?		Y <input type="checkbox"/> N <input type="checkbox"/>
Quirky Behaviors:	Is your dog crate trained?		Y <input type="checkbox"/> N <input type="checkbox"/>
Where does your pet sleep at night?	Does your dog chew?		Y <input type="checkbox"/> N <input type="checkbox"/>

#2 PET INFORMATION			
Pet's Name:		Age:	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Type of Pet:	Breed/Color/Weight:		Current Vaccinations: Y <input type="checkbox"/> N <input type="checkbox"/>
Vaccinations on record with your current veterinarian? Y <input type="checkbox"/> N <input type="checkbox"/> (Please include a copy of current vaccinations.)		Flea/Tick/Heartworm treated: Y <input type="checkbox"/> N <input type="checkbox"/>	Is pet micro-chipped: Y <input type="checkbox"/> N <input type="checkbox"/>
Separation Anxiety: Y <input type="checkbox"/> N <input type="checkbox"/>	What helps with the anxiety?		
How long have you had your pet?	Was your pet a rescue: Y <input type="checkbox"/> N <input type="checkbox"/>	What we should know:	
Feeding instructions (amounts, times per day, etc.):	Is your dog potty-trained?		Y <input type="checkbox"/> N <input type="checkbox"/>
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Medications/Dosages:	Is your dog allowed on furniture?		Y <input type="checkbox"/> N <input type="checkbox"/>
Quirky Behaviors:	Is your dog crate trained?		Y <input type="checkbox"/> N <input type="checkbox"/>
Where does your dog sleep at night?	Does your dog chew?		Y <input type="checkbox"/> N <input type="checkbox"/>

DOG COMMANDS		
Command used to go potty:	Does your dog come when called? Y <input type="checkbox"/> N <input type="checkbox"/>	Does your dog know his/her name? Y <input type="checkbox"/> N <input type="checkbox"/>
Other commands:		
How does your dog react around other dogs, cats or small animals? (Please include mealtime, walks, socially.)		

PET BEHAVIOR AND SAFETY OF PET SITTER

_____ (initial) I certify that my pet has not harmed or shown aggressive or threatening behavior toward any person or any other animal. If unsigned, please explain:

PLEASE INDICATE ANY BEHAVIOR THAT THE PET SITTER SHOULD BE MADE AWARE OF IN ORDER FOR THE PET SITTER TO BE SAFE AT ALL TIMES: (For example: Cat will bite if tummy is rubbed; or, dog growls if you try to take away his toy.)

Y N HAS YOUR DOG EVER BEEN IN AN ALTERCATION WHEREBY YOUR DOG OR THE OTHER DOG WAS INJURED?
PLEASE EXPLAIN:

TRIPS TO PARKS and TRAILS?

Yes No _____ (initial) MUDDY PAWS PET SITTER HAS OWNER'S PERMISSION TO TRANSPORT PET TO PARKS/TRAILS FOR LEASHED HIKES. All dogs will be leashed on hikes and will be covered under Muddy Paws' insurance.

OTHER: _____ OWNER'S INITIALS _____

EMERGENCY CONTACT INFORMATION

1) Name:	Email:	Cell:
Address:		Relationship:
2) Name:	Email:	Cell:
Address:		Relationship:

MEDICAL EMERGENCY SERVICES

Veterinarian's Name/Clinic:	Phone:	Address:
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Please describe any known medical or physical problems, including allergies:

Emergency Medical Care. If, in our judgment, your pet requires immediate medical care and we are unable to reach you, we will take your pet to a veterinarian or animal hospital.

YOU MUST INITIAL AND CHECK 'Yes' FOR THIS FORM TO BE VALID

Yes Initial _____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet, and you release Muddy Paws, and its employees ("Muddy Paws") of and from any and all responsibility for claims, damages, and/or debts arising out of or related to such medical care including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

I also authorize Veterinarian and/or Veterinary Office named above or Emergency Veterinary service to provide information about my pet's health and treatment options to Muddy Paws should veterinary care be necessary in my absence.

If owner and the emergency contact person(s) cannot be reached to approve medical assessed fees, please indicate if there's a limit/no limit on medical expenses, and initial. Yes \$ _____ Initial _____ No Limit Initial _____

BOARDING AND DAYCARE AGREEMENT

1	_____ (Initial) I certify that my dog(s) is/are in good health and have not been ill with any communicable diseases in the last 30 days.
2	_____ (Initial) I hereby certify and agree to keep my dog(s) up-to-date on all immunizations and vaccines at all times. These include, but are not limited to, the following: ____ Canine Parvovirus Type 2 (CPV-2) ____ Canine Adenovirus Type 2 (CAV-2) ____ Bordetella vaccine ____ Rabies Virus (RV) ____ Flea Preventative Medication ____ Canine Distemper Virus (CDV) ____ Heartworm Medication

3	<p>_____ (Initial) I further certify that my pet(s) has/have not harmed or shown aggressive or threatening behavior toward any person or any other animal.</p> <p>PLEASE INDICATE ANY BEHAVIOR THAT THE PET SITTER SHOULD BE MADE AWARE OF IN ORDER FOR THE PET SITTER AND OTHER DOGS, TO REMAIN SAFE AT ALL TIMES: (For example: Dog growls if you try to take away his toy, or Dog is food aggressive and should be feed alone.)</p> <p>_____</p>
4	<p>_____ (Initial) I understand that I am held responsible for expenses and damages resulting from any injury to the pet sitter or other persons, by Client's pet(s). Client agrees to indemnify, hold harmless and defend the pet sitter.</p>
5	<p>_____ (Initial) Client will be fully responsible for damages and expenses resulting from chewing, scratching and/or multiple "potty" accidents at the pet sitter's home.</p>
6	<p>_____ (Initial) I further understand and agree that any problems which develop with my pet(s) will be treated as deemed best by the "Muddy Paws" staff at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.</p>
7	<p>_____ (Initial) Client agrees that Dog(s) and Bedding will arrive CLEAN & FLEA FREE.</p>

TERMS & CONDITIONS

1 Services agreed upon with Muddy Paws:

<input type="checkbox"/> boarding	Current pricing can be found on our site at muddypaws.pet/pet-services
<input type="checkbox"/> daycare	Current pricing can be found on our site at muddypaws.pet/pet-services

2 All payments must be paid on or before the first day of service. Acceptable forms of payment for services rendered by Tamal Riedman: cash, check (payable to Muddy Paws), or credit card.

BOARDING: WHAT TO BRING?

- Food: please put food in a *small* container or a ziploc baggie with your dog's name boldly written on the bag or on a notecard inside the container
- Treats: please write your dog's name on the treat bag
- Clean Bed or blanket
- Crate (in some circumstances)
- Harness
- Medications: please put in ziploc bag with your dog's name written on the bag and clear instructions

You don't need to bring bowls, or toys (unless you're willing to donate the toy to Muddy Paws - *no soft toys with stuffing*). We are always happy to take toy and treat donations!

TERMS OF CONTRACT

Please read carefully and initial each section in order for this contract to be valid for all services from the date of first service and for all future services rendered by Muddy Paws, or until contract is terminated.

_____ (initial) **Muddy Paws** agrees to exercise due and reasonable care in the execution of the services provided to the Client. If the animal(s) becomes ill while under our care, you will be notified at once. If you cannot be reached, we will attempt to notify the emergency contact. If the animal's condition requires immediate action, we have the right to notify the veterinarian listed on the information sheet. If we cannot contact the listed veterinarian, we have the right to call a veterinarian of our choice and/or transport the animal to a veterinarian in either case. All veterinarian's fees are payable in full by you.

_____ (initial) **Muddy Paws** shall not be responsible for the injury or death of any animal(s), except in those instances where we have been guilty of willful or wanton negligence in the performance of our services.

_____ (initial) ***In the case whereby the pet sitter is injured by the client's pet, the client is responsible for all medical expenses.*** Client agrees to indemnify, hold harmless and defend the pet sitter.

_____ (initial) We sometimes job share with other Muddy Paws pet sitters which will, in most cases, be arranged prior to Client's departure. Also, in the event of personal emergency or illness of pet sitter, Client authorizes **Muddy Paws** to arrange for another qualified, insured and bonded, **Muddy Paws** pet sitter to fulfill responsibilities set forth in this contract. Every attempt will be made to notify Client of such situation.

_____ (initial) **Muddy Paws** retains the right to terminate this contract at any time before or during its term if **Muddy Paws**, in its sole discretion, determines that a danger exists to the health or safety of the Pet Sitter. If concerns prohibit pet sitter from caring for pet, Client authorizes pet to be placed in a kennel with all charges therefore to be charged to Client. Every attempt will be made to notify Client regarding such situation.

_____ (initial) Client authorizes this signed contract to be a valid approval for future services of any purpose provided by this contract permitting **Muddy Paws** to accept telephone reservations for services, and to enter premises without additional signed contract or written authorization.

I certify that I have read and understand the policies of Muddy Paws as set forth in this Service Contract. I agree to its content:

Client Signature _____ Date _____

Muddy Paws agrees to keep your Service Contract on file
for current and all future services provided.
It is recommended that you make a copy for your personal files.