Ally's Cozy Concierge
Services

COVER PAGE

Ally’s Cozy Concierge Master Onboarding Packet

Ally Rolfhus | (210) 310-5869 | allyrolfhus@allyscozyconcierge.com |
www.allyscozyconcierge.com

Ally's Cozy Concierge Services

Premium Pet & Home Care in

Timberwood Park, Stone Oak, Kinder Ranch, Bulverde & Spring Branch

Included Forms

- 📄 Service Agreement
- 🏠 Home Care Form
- 📘 Client Intake Form
- 🏨 Boarding Waiver & Vaccination Agreement
- 📋 Boarding Checklist
- 🏠 Pet Care Notes and 📞 Emergency Contact Sheet
- 📸 Photo Consent Form
- 🩺 Medical Power of Attorney for Pets

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SERVICE AGREEMENT — Fillable Version

CLIENT INFORMATION

- **Name:** _____
- **Address:** _____
- **Phone:** _____
- **Email:** _____

PET(S) INFORMATION

- **Pet(s) Names & Breeds:** _____
- **Age(s) & Birthday(s):** _____
- **Weight(s):** _____

REQUESTED SERVICES

☐ **Drop-In Visits** – Please specify frequency & desired times to stop by:

_____

☐ **Overnight Care** – Please specify arrival time on 1st day & departure time on last day:

_____

☐ **Boarding** - Please specify drop-off on 1st day & pick-up times on last day:

_____

☐ **Doggy Daycare** – Please specify drop-off & pick-up times:

_____

☐ **Pet Taxi** (Pick up from your home/Drop Off or Take to Groomer or Veterinarian) Info: **Pls sign Transp. Agmt.**

_____

☐ **Airport Transfer** – Provide Pick-up Date/Time Outbound/Return: **Pls sign Transp. Agmt.**

_____

☐ **Other:**

_____

Service Dates: _____

Client Signature: _____ **Date:** _____

Caregiver Signature: _____ **Date:** _____

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HOME CARE FORM — Fillable Version

☐ Water Plants (Inside/Outside/Both?)

☐ Lights You Prefer Left On/Off

☐ Alarm System Instructions (code, arm/disarm steps, quirks)

☐ Garage Code/Remote Location

☐ Subdivision Gate Code / Neighborhood Access Notes / Clicker for Gate

☐ Door/Lock Instructions (sticky locks, preferred entry door)

☐ Wi-Fi Information

☐ Water Shut-Off Location (for emergencies)

☐ Visitors Expected (Cleaners, Landscapers, Pool Service, etc.)

☐ Trash Days

☐ Check Mail

☐ Other Instructions/Notes

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CLIENT INTAKE FORM — Fillable Version

EMERGENCY CONTACTS

1. Name/Phone: _____
2. Name/Phone: _____

PET(S) INFORMATION

_____

☐ Sex: ☐ M ☐ F

_____

☐ Spayed/Neutered: ☐ Yes ☐ No

_____

☐ Feeding Instructions: _____

_____

_____

☐ Treats Allowed: ☐ Yes ☐ No

_____

☐ Medical Conditions: _____

_____

☐ Medications: _____

_____

_____

☐ Behavior Notes/Sleeping Routine/Word for potty breaks (Ex: “Go Potty”, “Go Pee”?

_____

_____

_____

_____

_____

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🏨 BOARDING WAIVER — Fillable Version

Multidog Environment Acknowledgment

☐ I acknowledge that my pet may be around other dogs during boarding.

Vaccination Confirmation (Please provide Rabies Certificates & Vaccination Records)

☐ Rabies

☐ DHPP/DAPP

☐ Bordetella

☐ Leptospirosis (recommended)

☐ Flea & Tick Prevention – **Please specify:** _____

Emergency Vet Authorization

☐ I authorize Ally's Cozy Concierge to seek veterinary care if needed.

AGREEMENT SIGNATURES

- **Client Name:** _____
- **Pet(s) Name(s):** _____

Client Signature: _____ **Date:** _____

Caregiver Signature: _____ **Date:** _____

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📋 BOARDING CHECKLIST — Fillable Version

WHAT TO BRING

☐ Food (labeled with measurements)

☐ Treats

☐ Medications

☐ Leash & Harness

☐ Bed/Blanket

☐ Toys

☐ Crate (if you want her/him/them crated)

REQUIRED BEFORE DROP-OFF

☐ Vaccination records

☐ Emergency contacts

☐ Vet information

☐ Behavior notes

☐ Feeding schedule

☐ Medication instructions

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NOTES FOR ANY ADDITIONAL INFORMATION

_____

_____

_____

_____

_____

VETERINARY INFORMATION

- Name: _____
- Address: _____
- Phone: _____
- Email: _____

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PHOTO CONSENT FORM — Fillable Version

1. Authorization

I, _____, owner of the pet described below, hereby grant Alejandra Rolfhus, to use my pet(s) pictures for her Ally's Cozy Concierge Services website.

2. Description of photographs:

Alejandra Rolfhus may take no more than ____ pictures of my pet(s) while she pet sits for me.

- The photographs may be edited, altered, or combined with other images published on her website, and I waive any claims related to such alterations, the right to approve the finished product, and any compensation for such alterations.
- This consent is made voluntarily. I further agree to release and forever discharge the Recipient from any claims in law or equity that I, my spouse, heirs, or personal representatives have or will have arising out of the published photographs.
- I affirm that I am over 18 years of age and have the legal capacity to grant this consent.
- I have read and understood the terms of this Consent Form, and I voluntarily agree with them.

This consent may be revoked by giving written notice to the Recipient.

The pets I own and consent to Alejandra Rolfhus photographing are:

PET(S) INFORMATION (Next Page)

Ally's Cozy Concierge Services

- **Pet(s) Name(s):** _____
- **Species and Breed(s):** _____
- **Age(s) and Sex:** _____
- **Distinguishing Features (markings, color, etc.):** _____

_____

3. SIGNATURES AND DATE

By signing below, I acknowledge my understanding of the agreement to the above terms and the impact of this Consent:

Client's Signature **Date**

Client's Printed Name

Caregiver Signature **Date**

Alejandra Rolfhus (Ally)

Caregiver's Printed Name

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Ally's Cozy Concierge Services

MEDICAL POWER OF ATTORNEY — Fillable Version

1. **Authorization**

I, _____, owner of the pet described below, hereby appoint **Alejandra Rolfhus (Ally)**, as my agent and attorney-in-fact.

2. **Purpose and time frame**

This limited Power of Attorney is effective from [Start Date] until December 31, 2026, inclusive. It authorizes my agent to make any decisions regarding the medical care and treatment of my pet, with my text-written approval or verbal phone approval, including but not limited to:

- Approving and authorizing any veterinary treatments deemed necessary by our licensed veterinarian, and in case he/she is not available, another licensed veterinary clinic in proximity to our home located at:
  - **Address:** _____
- Transporting my pet to and from the veterinary clinic.
- Executing any consent, release, or waiver of liability required by the veterinary clinic.
- Authorizing emergency care and, if necessary, humane euthanasia, based on the advice of a licensed veterinarian with my text-written approval or verbal phone approval.

1. **PET(S) INFORMATION**

   - **Pet's Name:** _____
   - **Species and Breed:** _____
   - **Age and Sex:** _____
   - **Distinguishing Features (markings, color, etc.):** _____

     _____
   - **Known Medical Conditions/Allergies:** _____

     _____

2. **FINANCIAL RESPONSIBILITY**

Ally's Cozy Concierge Services

- I accept full financial responsibility for all services and care administered. I will provide my agent with a credit card number for any expenses incurred.
- Authorization Limit: I authorize my agent to approve veterinary services up to a maximum of **$ _____** with my direct consent. For costs exceeding this amount, my agent or the veterinary clinic must attempt to contact me for approval.

3. Contact Information and Guidelines

- **Pet Owner Contact Information:**
  - **Phone(s): _____**
  - **Email: _____**
- **Authorized Agent Contact Information:**
  - **Phone: (210) 310-5869**
  - **Email: allyrolfhus@allyscozyconcierge.com**
- **Regular Veterinarian Information:**
  - **Clinic Name: _____**
  - **Veterinarian's Name: _____**
  - **Phone: _____**
  - **Address: _____**
- **Emergency Veterinarian Information (optional-if regular veterinarian is unavailable):**
  - **Clinic Name: _____**
  - **Phone: _____**
  - **Address: _____**

4. SIGNATURES AND DATE

Client's Signature **Date**

Client's Printed Name

Agent's Signature **Date**

Alejandra Rolfhus (Ally)

Agent's Printed Name