



(540) 288-1500
711 Garrisonville Rd
Stafford, VA 22554
www.SittinPrettyPS.com

Sittin' Pretty Doggie Daycare & Boarding Information & Liability Packet

Owner Information

Print Name:

Address:

First Number to Call:

Second Number to Call:

Email:

Emergency Contact (Can not be Spouse)

Print Name:

Phone:

Relationship:

Print Name:

Phone:

Relationship:

Pet #1 Information:

Print Name:

Breed:

Sex:

DOB:

Weight:

Spay/Neutered: Yes/No

Vet Office:

Phone Number:

Pet #2 Information:

Print Name:

Breed:

Sex:

DOB:

Weight:

Spay/Neutered: Yes/No

Vet Office:

Phone Number:

Pet #3 Information:

Print Name:

Breed:

Sex:

DOB:

Weight:

Spay/Neutered: Yes/No

Vet Office:

Phone Number:

Please be as thorough as possible when answering the following questions, the more we know about your pet(s) the better we are able to care for them.

Medical History:

- Does your pet(s) have any existing medical conditions? Do they receive treatment for the condition?
- Does your pet(s) have hip dysplasia, joint issues, muscle and ligament problems, skeletal related restrictions or arthritis? If so, which movements or activities must be limited?
- Are there any medications that your pet(s) receive regularly? If so, please list all medications and what the purpose of each medication is. (If you need more space please write the list on the back of this page)
- Does your pet(s) have any known allergies?
- Has your pet(s) ever had seizures?: Yes/No
- Can your pet(s) walk up and down stairs unassisted?: Yes/No
- Has your pet(s) been Spayed or Neutered?: Yes/No
- Is your pet(s) regularly treated for Flea and Tick prevention?: Yes/No
- Is your pet(s) regularly treated for Heartworm?: Yes/No
- Is your pet(s) in overall good health to attend Doggie Daycare & Boarding?: Yes/No
- Is there anything else medically that we should know about your pet that this questionnaire did not cover?

Behavior:

- Does your pet(s) have separation anxiety?
- Did you adopt your pet from a Rescue Group or Local Animal Control Facility?
- Has your pet(s) ever displayed aggressive behavior toward other animals or people?
- Is your pet(s) crate aggressive?
- Does your pet(s) react negatively to sudden or loud noises?
- Is your pet(s) afraid of thunder storms?

- Has your pet(s) received any formal obedience training? If so, where?
- Please list any commands that your pet(s) will respond to?

Medication Schedule:

If your pet(s) does take medication please fill out the chart below. If not enough room for all medications for each pet please utilize the back of this page.

Med #1: Purpose: Dose Per Day:

Physical Description of Medication:

Med #2: Purpose: Dose Per Day:

Physical Description of Medication:

Med #2: Purpose: Dose Per Day:

Physical Description of Medication:

Feeding Schedule:

Pet Name:

Morning Portion: Afternoon Portion: Evening Portion:

Pet Name:

Morning Portion: Afternoon Portion: Evening Portion:

Pet Name:

Morning Portion: Afternoon Portion: Evening Portion:

We ask that you only provide food for your pet as we are equipped to care for your pet. Anything else that you provide will be at your own risk of loss or damage.

Print: _____ Signature: _____ Date: _____

Sittin' Pretty Doggie Daycare & Boarding Client Contract & Liability Release:

Sittin' Pretty Doggie Daycare & Boarding (SPPS), is committed to providing a safe and stable environment for your pet(s). The health and safety of your pet(s) is of the highest priority to us. To ensure the comfort, safety and health of your pet(s), SPPS has relied on the truthfulness of your representation of your pet's overall health and behavior while in our care.

I hereby certify that I am the owner of, _____(print pet(s) name), and that my pet(s) is healthy enough to participate in Sittin' Pretty Doggie Daycare & Boarding.

I certify that the above named pet(s) are current on all required vaccinations (Rabies, Distemper, & Bordetella) and I have submitted a copy of my pet(s) last vaccination record. Initial: _____

I certify that my pet(s) are regularly treated for Fleas & Ticks. Initial: _____

I have revealed to SPPS all of my pet(s) pre-existing medical conditions and give consent to SPPS to administer any medications that my pet needs while in the care of SPPS. Initial: _____

I understand that any problems or injury that may develop with my pet(s) will be treated as deemed appropriate by SPPS at their sole discretion and in the best interest of the health and well-being of my pet(s). This includes but is not limited to sudden illness and injury that requires veterinary assistance. SPPS will always contact me immediately at the numbers I have given. I assume full financial responsibility for any and all expenses that may result in such circumstances. During business hours, my pet(s) will be taken to Aquia-Garrisonville Animal Hospital, and after hours my pet(s) will be taken to Woodbridge Animal Hospital.

Print: _____ Signature & Date: _____

I understand that SPPS reserves the right to prohibit the admission of any pet(s) that exhibit aggressive behavior of any kind. I also understand that my pet(s) may be published on Facebook and SPPS website. Initial: _____

I understand that I am responsible financially for any damage to SPPS property that my pet(s) may cause. Initial: _____

I agree to not hold SPPS liable for any problems that may develop while in the care of SPPS. Initial: _____

I understand that days will be subtracted from Daycare Pass if not used in the set amount of time depending on the package I have purchased. Initial: _____

I understand that if my pet(s) are not obtained from Doggie Daycare by 7:30PM that my pet(s) will be boarded for the night at a rate of \$45.00 per pet. Initial: _____

I certify that I have read and understand the terms and conditions of Sittin' Pretty Doggie Daycare & Boarding

Owner:

Print: _____ Signature: _____ Date: _____

Sittin' Pretty Pet Salon:

Print: _____ Signature: _____ Date: _____



Sittin' Pretty Pet Salon Grooming Liability Form

I give Sittin' Pretty Pet Salon Inc., SPPS, and staff permission to groom my pet to the best of their professional ability. I understand that every effort will be made by SPPS to ensure my pet's stay with SPPS will be as pleasant and safe as possible. Additionally, I understand that due to a pet's behavior during the grooming process, coat and/or skin condition, and including but not limited to; time in an animal crate, bathing, drying and grooming time, can aggravate an existing problem, or cause a new problem to arise. I agree to not hold SPPS or staff financially responsible for any problem that might arise. I give SPPS and staff permission to obtain veterinary assistance in the event of an emergency. I also agree to be financially responsible for all of my pet's veterinary costs related to the emergency, and treatment.

I understand that it is my responsibility as the pet-owner to divulge any known information regarding my pet's health, age, behavior, skin, or parasitic condition. I agree to pay any additional cost that might arise from a grooming session that may not have been addressed during the initial grooming evaluation. These additional fees might include but are not limited to; flea shampoo, dematting, or a hard to handle fee. A hard to handle fee will be assessed any time additional help is needed to complete a full grooming, or pet behavior adds excessive time to a completed grooming. I also understand that due to pet behavior, certain aspects of a typical grooming may not be completed. This includes but is not limited to; nail clipping, ear cleaning, or anal gland expression. If a groomer feels the animal may harm itself during any aspect of a grooming session, the groomer has my permission to skip the procedure. The owner will be advised of this and referred on to their veterinarian. I also understand a discount will not be given for any included portion of a grooming, which could not be completed due to a pet's behavior, age, physical health, or acute concerns of SPPS or groomer.

Sittin' Pretty Pet Salon Inc. and their staff would like to take this opportunity to reassure you that every effort will be made to make your pet's grooming as pleasant, and safe as possible. Thank you for entrusting the care of your pet with our competent and canine-loving staff.

Pet Name(s)

Signature

print name

Date

Sittin' Pretty Doggie Daycare
Pet Pick Up Authorization

Owners Full Name: _____

Phone Number: _____

Pet(s) Name & Breed: _____

**Please List Full Name & Phone Number of AUTHORIZED persons
to pick up your pet.**

1. _____
2. _____
3. _____
4. _____
5. _____

I, _____ hereby state that any of the persons listed above is authorized to pick up my pet from Sittin' Pretty Doggie Daycare. I also acknowledge that my pet will not be relinquished to any persons NOT on this list. If my pet is not picked up by one of the listed above or myself before time of closing my pet will board at Sittin' Pretty Pet Salon for \$30.00 per night.

Owner: _____ Date: _____

SPPS: _____ Date: _____