



Home Information

Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

I Prefer To Use: ___ Phone ___ Email ___ Either

Emergency Contact: _____

Does anyone else have access to your home? ___ Yes ___ No

If yes, who? _____ Phone Number _____

Alarm Company: _____ Phone Number _____

(Alarm locations, password, and override will be discussed at consultation.)

Additional information (package delivery, garbage/recycling pick-up dates, housekeeping, etc.):



Pet Information Packet

Please fill out one Pet Information Packet per pet

Pet Name: _____

Species: _____ Breed: _____

Current Age: _____ Birthday: _____

Does your pet get along with: Children Yes No Not sure

Strangers Yes No Not sure

Other Animals Yes No Not sure

Other Dogs Yes No Not sure

Off-leash (in permissible areas) okay? Yes No Not sure

Is your pet: Microchipped Yes No

On flea/tick medication Yes No

Comfortable in cars Yes No

Aggressive/other behavioral issues Yes No Not sure

Please describe any aggression or other pertinent behavioral issues/quirks, if any:

Veterinarian/Veterinary Clinic: _____

Veterinarian/Veterinary Clinic Phone Number: _____

Vet After-Hours Phone Number: _____

Please describe any medical issues (allergies, medications, dosages, alternative treatments, etc.):

Please describe feeding portions and routine:

Please describe recreational schedule and routine (walks, playtime, playdates, etc.):



Permission to Treat

I, the undersigned, am a Guardian of _____.
(Pet's name)

My signature below acknowledges that in the case that non-emergency veterinary attention is necessary a Floppy Ears Pet Care Caregiver will make an attempt to contact me prior to bringing my Pet to a veterinarian. In the case of an emergency, I acknowledge that I will be contacted as soon as possible and my Pet's safety is first priority.

My signature below gives permission for Floppy Ears Pet Care and its Caregivers to transport my Pet to the veterinarian listed in the Pet Information Packet. If the specified veterinarian is unavailable or unreachable, Floppy Ears Pet Care and its Caregivers are authorized to transport my Pet to the closest available veterinarian or to:

Berkeley Dog and Cat Hospital
2126 Haste St.
Berkeley, CA, 94704
(510) 848-5041

My signature below authorizes Floppy Ears Pet Care and its Caregivers to act as my agent in the event of my Pet needing medical attention. I further agree that I will be responsible for any and all costs of veterinary care deemed necessary by the veterinarian, and grant permission to the veterinary staff to treat the Pet in a manner that is in the best interest of my Pet and which prevents prolonged suffering.

Print Name: _____

Signature: _____



Agreement

My signature acknowledges that I have read the Policies in its entirety and I understand and agree with the Policies.

My signature acknowledges that Floppy Ears Pet Care will take every precaution and action possible to ensure that all of the pets in its care are healthy and safe.

My signature indicates that I assume all risk of accidental loss, damage or injury that may be sustained by my Pet(s) while in the care of Floppy Ears Pet Care.

In the event that my Pet(s) is involved in an altercation with other pets, people, or property, my signature is an agreement to communicate directly with the human parties involved, should they request to do so. To facilitate such communication, my signature also authorizes Floppy Ears Pet Care to release my name and telephone number to the human parties involved.

For dog group walks only:

My signature authorizes Floppy Ears Pet Care to place my Dog(s) in a group of other dogs not under my guardianship that have passed Floppy Ears Pet Care standards of health and socialization. I recognize that despite every possible precaution and action, incidents may still occur, particularly when dogs socialize together.

My signature authorizes Floppy Ears Pet Care to place my Dog(s) in a vehicle belonging to the company or one of its Caregivers to transport my Dog(s) to an approved group walk location.

My signature authorizes Floppy Ears Pet Care to take my Dog(s) off-leash once within the boundaries of an approved off-leash area, and I assume all accidental risk of loss, damage or injury that may be sustained while my Dog(s) is off-leash.

Floppy Ears Pet Care agrees to provide the below service on the below scheduled date(s). Prior to the initial service date, a Floppy Ears Pet Care Caregiver will meet with the Guardian and Pet(s) for a consultation.

This Agreement is standing for any future date(s) of service(s). A copy will be provided to the undersigned Guardian, upon request.

Pet Care Service: _____

Service Date(s): _____

Regular Service: ___ Yes ___ No Recurrence: _____

If you would like us to keep the key(s) for future services, please initial here: _____.

Pet Care Fee: _____

Payment Due: Invoice / Start of Service

Print Name: _____

Signature: _____

Floppy Ears Signature: _____

Date: _____