



North Star Pet Care – Pet Information Disclosure

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Please complete one Pet Information Disclosure form per pet or litter.

Owner:
 Address:
 Phone:
 Vacation/Cell Phone/Contact Info:

Name of Friend/Relative/etc. for help if needed:
 Name:
 Address/Phone:

Length of Time Owned:
 Breed:
 License #:
 Physical Description (if similar to another):

Pet Name:
 Pet Type: Dog / Cat / _____
 Sex: M/F Declawed: Y/N Neutered: Y/N
 Microchip/Tattoo/Dog Tag #:
 Birth date: Or Age:
 Weight: Or Size:

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ Min

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Name: Amt: Location:	Notes:	

Owner:

Pet:

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: Other off-limit areas:

Owner: Pet:

Emergency Care: **Placing Credit Card on file at vets office is recommended*

Vet Name: _____ Pet Allergies: _____
Clinic Name: _____ Vaccinations up to date on (month/yr): _____
Phone: _____ Heartworm test: Negative / Positive

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

Pet reacts to the above by:

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bitten someone
 Attacked another animal
 Injured self /escaped out of fear
 Injured self out of boredom
 Escaped from home,

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	_____
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	_____

Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____



North Star Pet Care – Boarding Contract

BC

This is a contract between North Star Pet Care Services and the pet owner whose signature appears at the bottom of this contract (hereinafter called “Owner”).

1. Owner agrees to pay the rate for boarding in effect on the date boarding commences (as posted in the office and as listed on the back of this contract).
2. Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the time said pet is in the care of the Kennel.
3. Owner further agrees that the pet shall not leave the Kennel until owner pays all charges to the kennel.
4. By signing this contract and leaving his pet with the Kennel Owner certifies to the accuracy of all information given about said pet on back of contract.
5. Kennel shall exercise reasonable care for the pet delivered by the Owner to Kennel for boarding. It is expressly agreed by Owner and Kennel that Kennel’s liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200 per animal boarded. The Owner agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the Kennel.
6. Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
7. Owner specifically represents to Kennel that the pet has not been exposed to rabies or distemper within a thirty-day period prior to boarding.
8. All charges incurred by Owner shall be payable upon pick-up of pet, or when billed by Kennel at address on contract. The Kennel shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from boarding pet at the Kennel. The Owner hereby agrees that in the event the boarding charges are not paid when due in accordance with this contract, the Kennel may exercise its lien rights upon ten days written notice given by Kennel to Owner by certifies mail to address shown on contract. Kennel may dispose of pet for any and all unpaid charges, at private or public sale in the sole discretion of the Kennel, and Owner specifically waives all statutory or legal rights to the contrary. If such sale shall not secure a price adequate to pay such costs of board or other charges delinquent, plus costs of sale, the Owner shall be liable to Kennel for the difference. All monies realized by Kennel at such sale, over and above the charges due and costs of sale, shall be paid by kennel to Owner.
9. If pet becomes ill or if the state of the animal’s health otherwise required professional attention, the Kennel, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal , and the expenses thereof shall be paid by the Owner.
10. This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and the Kennel.
11. Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract shall be settle d by arbitration in accordance with the rules of the American Arbitration Association, and judgement upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney’s fees of the prevailing party .

KENNEL
REPRESENTATIVE _____ OWNER _____ DATE _____



North Star Pet Care– Veterinary Release Agreement

VR

In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of North Star Pet Care, I give permission to North Star Pet Care to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask North Star Pet Care to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet / all pets (most common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that North Star Pet Care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow North Star Pet Care providers to use their best judgment in handling these situations, and I understand that North Star Pet Care and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by North Star Pet Care for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize North Star Pet Care and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations, and DHPP and Bordatella for dogs, or rabies and _____ for cats prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its vaccinations throughout each service visit period.

I agree to notify North Star Pet Care of any signs of injury or possible illness before any visit as soon as the condition appears. North Star Pet Care reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. North Star Pet Care strives to provide clean, safe service to each of our clients. In doing so, North Star Pet Care strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time North Star Pet Care cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within North Star Pet Care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name: _____

Client Signature: _____ Date: _____



The following immunizations are required before we can take responsibility for your animals. Please note that all immunizations should be in effect two (2) weeks prior to boarding.

REQUIRED IMMUNIZATIONS			
		Veterinarian Signature	Date of Immunization
Dogs:	Rabies and DHPP within one year of boarding		
	Bordatella (kennel cough) within six months of boarding-must be administered at least 2 weeks before entering kennel		
	If the dog(s) are coming in from outside Western Montana, proof of heartworm testing and medication REQUIRED IMMUNIZATIONS will also be required		
Cats:	Feline Leukemia, DRC and Rabies within one year of boarding		