

Pet Care Contract & Profile

The Feline Hotel Website: www.CatBoardingDetroit.com

Address: 1416 West Auburn Road Rochester Hills Michigan 48309

Phone: (248) 470-3013

Email: micathotel@gmail.com

Your Name _____ Phone Home _____
Partner/Spouse Name _____ Phone Work (Self) _____
Address _____ Phone Cell (Self) _____
Email _____ Phone Work (Partner/Spouse) _____
Phone Cell (Partner/Spouse) _____

How did you find us? (Yellow Pages, friend, location of ad) _____

Emergency Contact(s) Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we can not reach you in case of an emergency (It does not have to be someone who lives nearby).

Name: _____ Relation: _____ Phone: _____ Key Y / N
Name: _____ Relation: _____ Phone: _____ Key Y / N

Circle Door of Entry: Front Door Side Door Back Door Garage Door
To be locked: Deadbolt Door Handle Both

Circle only if you have an attached garage: Door from garage to house keep - Locked Unlocked

Mailbox Location: _____

Take out garbage? Y / N Take out on which night? _____
Take out recycling? Y / N Recycling instructions _____

Plant Care Locations & Instructions: _____

The Feline Hotel Pet Profile

Please fill in one for each pet. If you need more Pet Profile pages print just page 2 of this document

Pets Name: _____ Dog / Cat / Other: _____ Age/Birthday: _____

Male / Female Spayed/Neutered: Y / N Breed: _____ Color(s): _____

Distinguishing Features: _____ Collar Color: _____ Tags: Y / N Microchipped: Y / N

Feeding Instructions (amount, times of day, etc.) _____

What brand(s) and/or types of food do you feed: _____

Favorite toys / games _____

Treats/Food Toy (Kong): _____

Food Allergies / Restricted foods: _____

Major Medical Conditions (Past or Present): _____

Medication(s) (Name, Dosage, Frequency) _____

Has your pet ever been aggressive to anyone in the past? _____

Exercise Instructions (walk frequency or play in yard?): _____

Tricks my pet knows: _____

Restricted Access (Rooms or Furniture): _____

Will your pet be crated at any point during our service?
When? _____

Litter care (When to scoop solids/totally change, disposal location) _____

This Pet Loves to: _____

Hates to: _____

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc)

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Please tell us where you will keep the following items during our visits and any applicable instructions:

Leash: _____

Crate: _____

Treats: _____

Food: _____

Food Bowl: _____

Medication: _____

Litter Box: _____

Cat Litter: _____

Pet Carriers for Transport: _____

Pet Waste Disposal: _____

Main Indoor Trash Can: _____

Carpet Cleaner and Rag: _____

Extra Paper Towels: _____

Vacuum: _____

Broom/Dustpan: _____

Snow Shovel: _____

Extra Light Bulbs: _____

Towels to Wipe Pet If Raining: _____

Heat / AC Thermostat Location: _____

Main Water Shut Off Valve: _____

Circuit Breaker Box: _____

Fire Extinguisher: _____

Home Security

Set Alarm? Y / N

Alarm System Panel(s) Location _____

Alarm Company _____ Phone Number: _____

** Do not write the alarm code on this contract. We will discuss alarm use on the phone or in person. The Feline Hotel suggests you use a temporary house alarm code of our choosing that way the code does NOT have to be written down.*

Alter Lights/Blinds? Y / N _____

Turn on TV/Radio? Y / N _____

I do hereby waive and release The Feline Hotel from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of The Feline Hotel. The Feline Hotel agrees to provide all services in a kind, reliable, and trustworthy manner. Client agrees to notify The Feline Hotel of any concerns within 24 hours of their return. In the case of an emergency, inclement weather, or a natural disaster I authorize The Feline Hotel to use their reasonable judgment for the care and well being of my pet(s) and/or house.

I understand that The Feline Hotel can terminate this contract if my pet becomes a threat to the safety or health of The Feline Hotel due to aggressive behavior. I entrust The Feline Hotel to contact me in any and all cases if this threat should arise. I acknowledge I am responsible for medical expenses and damages resulting from an injury to a pet sitter, or other persons, caused by my pet or my negligence. In the case that The Feline Hotel can not reach me, I authorize The Feline Hotel to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. The Feline Hotel reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above I will inform The Feline Hotel before the next service is scheduled to begin.

This signed document gives The Feline Hotel (and their representatives) authorization to enter my home as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit The Feline Hotel to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

By signing this you agree to the Terms of Service located at www.catboardingdetroit.com/petsittingtos

X _____ X _____ / ____ /20 _____

Signed Name

Printed Name

Today's Date

Please make a copy of this contract for your records.

The Feline Hotel will obtain and review this original at the pre-service visit.

Questions? Please call: (248) 470-3013 or email micathotel@gmail.com

*Do not write below this line office use only Total keys on file _____ # To be returned _____

The Feline Hotel Signature _____

Date received by The Feline Hotel _____

The Feline Hotel
Dog Walking & Pet Sitting Services
www.CatBoardingDetroit.com ph. (248) 470-3013
Veterinary Medical Care Release Form

In the event of a medical emergency where The Feline Hotel can not contact you to authorize care immediately and directly, The Feline Hotel will use this form to obtain care.

Primary Veterinarians Information

Name of Vet Hospital or Clinic: _____

Address: _____ Phone: _____

Name of preferred Doctor: _____

I, _____ (pet owner) hereby give The Feline Hotel my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if the Primary Vet office is not available). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I understand that The Feline Hotel will try to contact me as soon as possible in the event of a medical emergency. If The Feline Hotel can not contact me, I give permission to The Feline Hotel service to approve treatment up to \$_____ per pet (most common values are \$200, \$1000, or unlimited)

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 The Feline Hotel for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

List of Pets:

Name/Description or Breed: _____

Name/Description or Breed: _____

Name/Description or Breed: _____

Name/Description or Breed: _____

Name/Description or Breed: _____

If anything changes from what is listed above I will inform The Feline Hotel before the next service is scheduled to begin.

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

X _____
Signed Name

X _____
Printed Name

_____/_____/20_____
Date