

REGISTGRATION FORM

WE REQUIRE PROOF OF CURRENT RABIES VACCINATIONS. WITHOUT PROOF, YOU WILL BE REQUIRED TO PAY "TOTAL PRIVACY PACKAGE" DAILY. NO OTHER VACCINES ARE REQUIRED, HOWEVER WE ENCOURAGE YOU KEEP **ALL** OF YOUR PET(S)' VACCINATIONS UP TO DATE. WE **STRONGLY** RECOMMEND THAT YOUR PET IS KEPT UP TO DATE ON FLEA AND TICK PREVENTATIVE AND HEARTGUARD.

Drop-off and Pick-up Times

By Appointment: 8am-6pm We schedule carefully to ensure a stressfree check-in for all of our guests. If your scheduled time changes, please contact

as soon as possible.

Appointments scheduled outside 8am-6pm are subject to additional fees .

	PET PARENT INFORMATIO	N			
Owner's Name:	Phone Number				
Owner's Name.	Phone Number	1.			
Address:					
	PET INFORMATION				
PET NAME:	BREED:			COLOR:	
DOB:			+		
БОВ.	SPAYED/NEUTE	RED?	Yes	No	
FEEDING INSTRUCTIONS:				<u>. I</u>	
Food Type:	Breakfast - Time:	Amou	nt: Free Feed		
	Dinner - Time:	Amou	 int:		
PET NAME:	BREED:		COLOR:		
PEI NAWE:	BREED.	BREED:		COLOR:	
				_	
DOB:	SPAYED/NEUTE	RED?	Yes	No	
FEEDING INSTRUCTIONS: (CF	HECK HERE IF SAME AS OTHER PET)			<u>. </u>	
Food Type:	Breakfast - Time:	Breakfast - Time: Amou		Free Feed	
	Dinner - Time:	Amou	ınt:		
NOTES:					
NO 1 LO.					



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MEDICATION							
Medication Name & Reason For Medicine	Dosage	e Frequency		;y			
	,						
GENERAL HEALTH & WELLBEING				No			
Is your pet current on a flea and tick preventative?							
Does your pet have any current medical issues or illnesses in the	ne past 30 days?		_				
Any existing coughing or sneezing, runny nose or eyes?			+				
Does your dog have any allergies?			+				
If so, please list allergies:							
3							
Please list or describe anything relating to your dogs health, no	matter how minor:						
EMERGENCY CONTACT INFORMATION							
Vet Clinic Name & Phone:							
Emergency Contact Name, Relation & Number:							
Emergency Contact Hamo, Notation & Hambon							
Your pet's health and happiness is our primary concern. If the animal atte	ndants notice a medical i	problem th	ev will atte	emnt to			
contact your emergency number. An emergency contact number must be pr	rovided upon check-in. Th	he emerge	ncy contac	ct person			
must be an adult, capable of making decisions regarding your pet's health. F							
contact, they are authorized to make medical decisions for your pet. You medical services provided during your pets stay. Should a life threatening							
attempts to reach your emergency contact are unsuccessful, your pet will	be taken to the vetering	narian with	h the first				

COMEY CRITICERS

REGISTRATION FORM

Terms and Conditions

The parties herein agree as follows:

- 1) All fees are due at time of pickup. Any additional services requested will be paid at the agreement rate. A finance charge of 5% per day will be added to unpaid balances after seven (7) days. A handling fee (\$30) will be charged on all returned checks. Collections proceedings will be initiated for unpaid balances after (30) thirty days. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
- 2) Comfy Critters' owner and staff are authorized to perform care and services as outlined in this agreement. Comfy Critters is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatment, and expense. Should the specified veterinarian be unavailable, Comfy Critters is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Comfy Critters for all for expenses incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies need at time of check out.
- 3) Comfy Critters agrees to provide the services stated in this agreement in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against Comfy Critters except those arising from negligence or willful misconduct on the part of the Comfy Critters.
- 4) Should Comfy Critters staff be bitten or otherwise exposed to any disease or ailment received from Client's animal(s), it will be the responsibility of the Client to pay all costs and damages incurred by the victim at time of check out.
- 5) The utmost care will be given in boarding your pet(s). However, due to extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature or any complications in administering medications to the animal.
- 6) Comfy Critters reserves the right to terminate this agreement at any time before or during its term if Comfy Critters, in its sole discretion, determines that a danger exists to the health or safety of Comfy Critters staff.
- 7) Client authorizes this agreement to be valid for future services of a purpose provided by this agreement permitting Comfy Critters to accept telephone reservations for service.
- 8) Client acknowledges that all items left with pet(s) while staying at Comfy Critters are at risk for damage or destruction. Comfy Critters is not liable for the loss, damage, or destruction of any items left with pet(s) on the Comfy Critters premises.
- 9) Client acknowledge the risks associated with boarding an unvaccinated pet, a pet who is not treated with an appropriate flea and tick preventative, and/or a pet who is not treated with an appropriate heartworm medication. Client holds Comfy Crittera harmless for any contracted illnesses for which vaccinations are offered. Client holds Comfy Critters harmless should pet(s) be found to have ticks, fleas, or heartworm.
- 10) Comfy Critters reserves the right to refuse service to any pet. Should a pet arrive for scheduled services and be found to have fleas or illness that was not discussed/addressed prior to booking services, pet will be sent home and may not return until the problem is resolved. You will still held liable for the full cost of services booked.
- 11) Early check-ins and Late check-outs are subject to an additional fee. You must notify us of any early or late check-ins/check-outs. Failure to schedule early or late check-ins/outs will result in further charges.
- 12) Cancellations within 72 hours of scheduled services will be charged 25% of scheduled services, less than 36 hours will be charged 50%, and under 24 hours will be charged 75%. The full amount for booked services will be charged in the event client fails to cancel and does not show up.

Date:	
Date:	
VACCINATIONS CURRENT:	CHECKED IN BY:
Notes:	
	Date: VACCINATIONS CURRENT: