



CLIENT INTAKE FORM

PRIMARY OWNER

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ 2nd Cell Phone _____

Email _____

How did you hear about us?

Vacation Resort Telephone Number (if applicable) _____

Resort Name _____

Which phone number is best to contact you during business hours? H / W / C

Secondary Owner / Emergency Contact (if you are not reachable)

****Authorized to schedule service & make decisions regarding the care of your pet****

First Name _____

Last Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

PET INFORMATION FORM

Name of Pet _____

Breed/Description _____

Birthday/Age _____

Sex M / F

Spay/Neuter Y / N

Estimated Weight _____

Color/Markings _____

Dog stressed by: Thunder Y / N Firecrackers Y / N

Housebroken Y / N

Crate Trained Y / N

Location of food and treats

Location of cleaning supplies

Location of trash for pet waste

Location of leashes

If your dog allowed on the furniture? Y / N, *If yes* please describe which furniture he/she can get on?

Where will your pet be when the sitter arrives? (crated in bedroom, free roam of the house, in kitchen)?

Where should the sitter leave your pet at the end of their visit

Has your dog ever bitten anyone? Yes / No Any animal? Yes / No

Please described what happened during the altercation

Other Pets in Household? Yes / No, *If yes* please describe what kind, and how do they get along?

What is your dog's usual reaction when a person he/she has not met enters the home?

Is there anything else you feel it would be important for us to know?

SECOND PET INFORMATION

Name of Pet _____

Breed/Description _____

Birthday/Age _____

Sex M / F

Spay/Neuter Y / N

Estimated Weight _____

Color/Markings _____

Dog stressed by: Thunder Y / N Firecrackers Y / N

Housebroken Y / N

Crate Trained Y / N

Has this dog ever bitten anyone? Yes / No Any animal? Yes / No

Please described what happened during the altercation

VET INFORMATION

Name of Vet / Clinic

Address _____

City _____ State _____ Zip _____

Phone _____

Does this facility offers emergency service after regular hours: Y / N

Name of After Hours Facility (if different than above)

Address _____

City _____ State _____ Zip _____

Phone _____

Does your dog have any ongoing medical conditions?

Past Medical Conditions/Treatments?

List of Medications and Instructions

Does your dog have any allergies, including food allergies?

Is your dog on Flea/or tick preventative? YES / NO Brand _____

If your dog on Heartworm Preventative? YES / NO Brand _____

Does your dog have a Microchip YES / NO, *If Yes*

#(s) _____

VET RELEASE FORM

If any of my pets appear to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of RTP K-9, I give permission to RTP K-9 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 RTP K-9 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 RTP K-9 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 RTP K-9 providers to use their best judgment in handling these situations, and I understand that RTP K-9 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 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 RTP K-9 for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize RTP K-9 and my primary veterinarian(s) to share all the medical records of all 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 at the site of service will be current (per my veterinarian's recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also plan that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify RTP K-9 of any signs of injury or possible illness before any visit as soon as the condition appears. RTP K-9 reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. RTP K-9 strives to provide clean, safe service to each of our clients. In doing so, RTP K-9 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 RTP K-9 cares for one or more of my pets. I understand that this agreement applies to all pets within RTP K-9 care. In signing this contract, I agree that I give RTP K-9 the authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

This release does not expire and will remain valid for all future RTP K-9 services.

Client/Owner Signature _____

Date _____

Printed Name _____

KEY HANDLING FORM

I agree to and understand the following:

- RTP K-9 does not make backups of client keys.
- RTP K-9 has permission to provide my keys to any employee that will be conducting services.
- Client keys will automatically be retained on file at the end of service. Please note that we have a locked box for client keys in a highly secure building/office (security system + security cameras).
- If a client requests keys to be returned, client may arrange to pick up keys from our office or the key can be left at the client house.

Printed Name _____

Client Signature _____

Date _____

HOME ALARM SYSTEMS

Alarm Company _____

Phone # to Alarm Company _____

Security Code: _____

Outdoor Gate or Door Code (if applicable) _____

Indoor House Code _____

Will anyone else have access to enter your home while you are away? If so, please give their name and phone number.

What vehicles will be on premises? If applicable, can your sitter use your parking pad, garage or driveway to park their own car? YES / NO

In case of an emergency where is the fuse box located? Where is the main water shutoff?

PET CARE AGREEMENT

This Pet Care Agreement (the "Agreement") is made as of this date _____, by and between _____ (the "Pet Owner") and _____ ("RTP K-9"), (each, a "Party" and collectively, the "Parties").

RTP K-9 shall care for Pet Owner's pet(s) as identified and described below for the time period beginning on _____ until _____. In consideration for RTP K-9 care and services, Pet Owner shall pay RTP K-9 _____. The payment is due to RTP K-9 on _____ and paid via _____.

If Pet Owner's pet(s) accidentally dies, becomes ill, injured, or lost, Pet Owner waives and releases RTP K-9 from any claim arising from such an incident. If Pet Owner's pet(s) bites or injures RTP K-9 employees, any other human or animal, Pet Owner will be responsible for any resulting injury and shall hold harmless and indemnify RTP K-9 from any claim or suit that may be brought because of such an incident. In addition, Pet Owner shall hold harmless and indemnify RTP K-9 against all costs, expenses, losses, liabilities and claims arising out of or relating to any acts of Pet Owner's pet(s) except for negligence or intentional misconduct on the part of RTP K-9. I agree for RTP K-9 to take care of my pet(s).

SIGNATURES

Pet Owner Signature: _____

Pet Owner Name(s) Printed: _____

Date: _____

RTP K-9 Signature: _____

RTP K-9 Owners: Nelson & Amanda Jimenez

Date: _____

