

Vacation Pet Care Boarding Contract 978.204.5519

www.seacoastpetsitting.com

SEACOAST HORSE & PET SITTING • 48 Old Rowley Road, Newbury, MA 01951 Lisa Porter • Cell: 978.204.5519 • lisa@horsesit.com

Note: Your pet must be up to date on all vaccinations.

PLEASE PROVIDE A COPY OF A CERTIFICATE OF VACCINATION from your veterinarian.

Pets Information (Please complete one form for each pet)				Today's Date:						
Pets Name:				SEX:	Male	Fema	ale			
Breed:		Spayed/	Neutered:	Yes	No					
Description:		Age:								
Owner Contact Information:										
Owner Name:			Hom	e Phone:						
Address:			Cell I	Phone:						
City: State:	Zip:		Emai	l:						
Other Owners/Contacts:			Phon	e:						
Local Emergency Contact:				Phone:						
Main Contact number while away:										
Email/Text updates/pictures to:										
Veterinary Contact Information:										
Clinic Name:			Clini	c Phone:						
Vet Name:	I t	If it is possible we will be unable to contact you please notify your vet that Seacoast Pet is authorized to seek medical attention for your pet.								
Medications/ Health Issues and/or allergies:										

Note: In the case of sickness, injury or other abnormalities, Seacoast Pet is unable to contact your vet, Seacoast Pet reserves the right to take your dog(s) to the vet of their choice. Owner agrees to reimburse Seacoast Pet for any uninsured expenses. *Check this box to confirm acceptance*.

		E & TET SITTING - Vaca							
Pets Name:				vners Name:					
Vacation Schedule:									
Schedu	ıled Drop Off	Date:		Day:	*Time:				
Sched	Scheduled Pick Up Date:			Day:	*Time:				
* Note: We have found that the ideal drop off/pickup time is between 9:00AM and 11:00AM. This gives your dog time to adjust to being on vacation and meeting new friends before mealtime. We understand that this may not be convenient and can make reasonable adjustments when required. RATE: \$40.00 per night payable in cash or check upon pickup.									
Care and	Handling:								
Meal Plar	ı: Dogs are separat	ed and fed individually. Breal	kfast	is served between 6:30/7:00A	M Dinner 5:30/6:00PM				
Food: Please provide enough food for the complete vacation time plus at least one extra days food (container should be marked with pets name). If you regularly give vitamins or supplements we ask that you individually bag meals and mark accordingly.									
Meals:	Breakfast Amou	nt:		Dinner Amount:					
Is it OK to	give treats?	Yes No - If so	o, ple	ease list any exclusions:					
Special Feeding Instructions: (If lunch is required please indicate here along with amounts)									
Sleeping: Our goal is to provide sleeping arrangements as close as possible to their normal accommodations. Please specify home arrangements: * Note: We do not crate so if your dog is normally crated please bring their crate. We do have extra dog beds, cozy chairs and comfortable spots for your pets use. Some dogs feel more at home if they bring their own bed. However, please be advised that we can not be responsible if the bed is damaged during your pets stay.									
ing a flea a	Exercise/Playtime: Dogs are exercised daily in our large play areas and/or on walks. Note: Your dog must be using a flea and tick preventative program. Please indicate below your permission and your dogs preferences to Play games with other dogs Run or fast dog walks Prefers slow dog walk Go for off property walks								
Dog Doesn't Like Please list ANYTHING your pet does not like (examples; thunder, baths, to be touched):									
Aggression: Has your dog ever shown aggression to another dog or person Yes No If yes, please explain:									
Seacoast Pet is registered and insured. However, your pet may have preexisting or naturally occurring health issues that would not be covered by insurance and would be owners responsibility. Seacoast has taken all precautions to make sure your dog(s) are well cared for and safe during their pet vacation. Please sign below to acknowledge that Seacoast Pet has permission to take the above described dog to seek veterinary service and forms completed are current and correct and you agree to all conditions specified therein.									
Signature:	Signature of owner or	authorized agent. You can submit onl	ino av	Date:					