

SEACOAST PET CARE, LLC • 48 Old Rowley Road, Newbury, MA 01951 Lisa Porter • Cell: 978.204.5519 • lisa@seacoastpet.com

Note: Your pet must be up to date on all vaccination and flea and tick prevention PLEASE PROVIDE A COPY OF A CERTIFICATE OF VACCINATION from your veterinarian.

<b>Pets Information</b> (Please complete one form for each pet)			Today's Date:						
Pets Name:				SEX:	Male	Fema	ıle		
Breed:				Spayed/1	Neutered:	Yes	No		
Description:				Age:					
Owner Contact Information:									
Owner Name:			Hom	e Phone:					
Address:			Cell I	Phone:					
City:	State:	Zip:	Emai	Email:					
Other Owners/Contacts:			Phon	e:					
Local Emergency Contact:			Phon	e:					
Main Contact number while away:									
Email/Text updates/pictures to:									
Veterinary Contact Information:									
Clinic Name:			Clini	c Phone:					
Vet Name:		If it is possible we that Seacoast Pet	will be u is authori	nable to con zed to seek 1	tact you please nedical attenti	e notify you on for your	r vet pet.		
Medications/ Health Issues and/or allergies: Note: In the case of sickness, injury or other abnor	malities, Seacoast Pet	is unable to contact vou	ur vet, Sea	coast Pet res	erves the right	t to take vou	11		
dog(s) to the vet of their choice. Owner agrees to reimburse Seacoast Pet for any uninsured expenses. <i>Check this box to confirm acceptance</i> .									

Pets Name:	owners Name:						
Daycare Services:							
Daycare Days Requested	List days M-F:						
request)Pickups are between 3:0	r facility is between 7:00AM and 9: 00PM and 5:00PM. PLEASE BE AV ASK THAT YOU SHOW CAUTIO	VARE THAT WE ARE LO	CATED ON A NARROW CURVING				
Vacation Services:							
Scheduled Drop Off	Date:	Day:	*Time:				
Scheduled Pick Up	Date:	Day:	*Time:				
* Note: We have found that the ideal drop off time is between 7:00AM and 9:00AM. (Other times considered upon request)This gives your dog time to adjust to being on vacation and meeting new friends before mealtime. Pickup can be between 7:00AM-9:00AM or 3:00PM-5:00PM Monday-Friday. Weekends: Saturday/Sunday 10:00AM OR 5:00PM. RATE: \$75.00 for 1 night/2 days. \$50.00 per night for 2+ nights payable in cash or check upon pickup. (\$10.00 discount per additional dog for 2+ dogs)							
Care and Handling for Vacation Stay: Meal Plan: Dogs are separated and fed individually. Breakfast is served between 6:30/7:00AM Dinner 4:30/5:00PM							
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							
Meals: Breakfast Amou	int:	Dinner Amount:					
Is it OK to give treats? Yes No - If so, please list any exclusions:							
Special Feeding Instruction	ns: (If lunch is required please indic	ate here along with amoun	ts)				
<ul> <li>Sleeping: Our goal is to provide sleeping arrangements that will help your dog feel right at home.</li> <li>* Note: We do not crate unless specified so if your dog is normally crated please advise us.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.</li> </ul>							
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 personYesNoIf yes, please explain:							
VET RELEASE: Seacoast Pet, LLC 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 and/or daycare. Please sign below to acknowledge that Seacoast Pet, LLC 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:	zed agent. PLEASE COMPLETE PRIN	T/SIGN AND BRING ORIGI	Date: NAL Contract valid for the calendar year				

Page 2 of 2