

Boarding Client Information

Owner 1

Name _____

Address _____

City/St/Zip _____

Home Phone _____

Cell Phone _____

E-mail 1 _____

E-mail 2 _____

Owner 2

Name _____

Cell Phone _____

E-mail 1 _____

E-mail 2 _____

How did you hear about Fur Nanny?

I have read, understand and agree with "Fur Nanny's" Policies Document.

Client Signature _____

Printed Name _____

Date _____

Emergency Care Authorization Form

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency, and prior to any form of treatment, I WISH TO BE CALLED AS SOON AS POSSIBLE AT _____. I will decide the proper course of action upon notification of the situation. If I am not able to be immediately reached, or do not respond to messages left requesting my immediate attention, I authorize Fur Nanny representative to transport the animal to a veterinarian and authorize basic medical care until I provide further instructions.

OR

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency I authorize Fur Nanny Professional Pet and House Concierge, LLC, or an agent on their behalf ("Contractor") to transport any of my pets for care to:

Name of Vet: _____
Address: _____
Phone: _____

- If it is after hours Contractor will follow emergency instructions left on the clinic answering machine and/or transport your pet to the nearest emergency facility.
- I give permission for the hospital/clinic staff/doctor to administer whatever care and/or medications necessary to treat my pet, with the exception of the following:

- Please call me for further authorization in the medical bills exceed \$ _____.
- Contractor has my contact information and will make every attempt to reach me.

Please check all that apply:

_____ Please notify me immediately if my pet(s) are sick or injured, before seeking medical attention
_____ Call me immediately and do whatever it takes to keep my pet(s) alive and comfortable until I can return.

- **I authorize any and all treatment, regardless of cost. _____ (Initial)**

_____ Do NOT notify me, do whatever it takes to keep my pet(s) alive and comfortable until I can return.
_____ Call me for authorization if my pet(s) must be euthanized, or to notify me if he/ she dies.
_____ Do NOT notify me if my pet(s) die. If euthanasia is in the best interest of my pet and it is the doctor's opinion that my pet(s) will have no quality of life even if treated, please do so, but do not call me. I prefer to face this issue when I return.

- **In the event my pet(s) die or have to be euthanized,**
_____ Please hold his / her body at the clinic. I will decide what to do when I return
_____ Please cremate his / her remains, and I will pick them up (private cremation)
_____ Please cremate his remains, but I do not want them back (group cremation)
- **I will assume full financial responsibility for all veterinary services rendered, regardless of where my animals are treated. Furthermore, I will not hold Contractors responsible for any additional pet or house related expenses that may arise in my absence.**

_____ I will pay the veterinary bill in full when I return (please make arrangements w/ your vet)

_____ Credit Card # _____ Exp. ____/____ SEC# _____
_____ I have left a blank check with contractor (Fur Nanny).

Signature _____ Date _____

Agreement to Reclaim Borders

Unfortunately, due to past experience, the following declaration and waiver MUST be agreed to and signed before any animal is accepted for boarding by Fur Nanny Professional Pet and House Concierge, LLC ("Fur Nanny"):

- 1. I, _____, am the owner of _____, my pet(s) which I am leaving in the temporary care of Fur Nanny, to begin _____ and end _____. I have pre-paid for this boarding service.
\$ _____ via Cash Check # _____ PayPal (Pmt received _____)
- 2. If I am unable to return on _____ to pick up my pet(s), I will extend no less than 24 hours notice to Fur Nanny with a new pick-up date. I understand that payment for the extended period must be made within 7 days of the notice of extension, or upon pick up of the pet(s), whichever comes first.
- 3. I am expected to provide enough food, treats, medication, or any other requirements for my pet(s) for the period of boarding. In the event of an extension, I will provide funds for purchasing those requirements, and receipts for purchase will provided to me upon my return.
- 4. In the event that an animal is not picked up on the agreed-upon date, and I have not made contact with Fur Nanny and made arrangements for an extension, the animal(s) will be turned over to the Sarasota County Sheriff’s Office Animal Services Section, along with any and all of my information on record (including, but not limited to: my home address, work address, all contact phone numbers, my destination and/or travel itinerary) so that I may be prosecuted for abandonment of an animal (fs705.19(3) For the purpose of this section, the term “abandonment” means to forsake entirely or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner or the owner’s agent. Such abandonment shall constitute the relinquishment of all rights and claim by the owner to such animal); or the animal may be relinquished to Animal Services or the Humane Society of Sarasota County for evaluation and possible adoption or euthanasia.
- 5. In the event the animal is turned over to a shelter, I will be responsible for any and all fees associated with this action, including but not limited to actions pursuant to court-ordered fines, impoundment, boarding, veterinary services, or any other charge related to the disposition of the animal. Remedies due to Fur Nanny will be pursued according to Fur Nanny Policies.
- 6. I understand that Fur Nanny is not to be held liable or responsible in any way for the disposition of my pet(s) if he/she/they are transferred to a shelter due to my failure adhere to the instructions outlined in sections (2) and (3), above.

IN THE EVENT MY DOG IS NOT HOUSEBROKEN, BECOMES DESTRUCTIVE, OR IS NOT SOCIALLY AGREEABLE WITH OTHER PETS IN THE BOARDING HOME, MY PET WILL BE TAKEN TO A BOARDING FACILITY AT BOARDING HOME’S DISCRETION, AND I WILL BE FINANCIALLY RESPONSIBLE FOR ALL FEES/CHARGES/COSTS INCURRED AS A RESULT OF THIS ACTION.

Signature _____ Date _____

Printed Name _____

Fur Nanny Representative _____

Pet Information

Please print and complete one form per pet or herd, and attach a copy of pet's vaccination record.

Last Name _____ Pet's name _____

Type Dog Cat Other _____

Sex (altered?) M F Sp/Neut. Age/DOB _____

Breed/color/identifying marks _____

Medical issues/Allergies _____

Living Area: Not allowed outdoors at all Not Allowed Indoors
 Only Allowed Outdoors on Leash Turn Out, Secure Area
 Allowed on Furniture ... Exceptions? _____

Restrict pet to certain area or crate when pet is alone
 Restrict pet to area/crate at all times
 Other Instructions _____

Food: Dry: Brand _____ Wet: Brand _____

Amount Fed _____ Amount Fed _____

Food Procedure: _____

Water: Tap Bottled Filtered Instructions: _____

Treats: Brand _____ Amount _____ When _____

Medication: Drug _____ Directions _____

Drug _____ Directions _____

Drug _____ Directions _____

Drug _____ Directions _____

____ I authorize the use of OTC medications for my pet (Kaopectate, Pepto Bismol, etc.)

Disposition: Good w/people No kids
 Good w/other animals No cats No dogs No other animals

Fears/Dislikes _____

Ever Attacked/Bitten Anyone? No Yes If yes, why? _____

Your Dog's Schedule

We will try to provide a consistent schedule that your dog(s) are accustomed to at home.
Please help us out by letting us know what that schedule is!

Morning (between 5:00 am - 9:00 am) Requested time _____ am length _____

DOG(S)

- Walk on leash (How far _____)
- Turn out in fenced yard
- Feed
- Change/refill water
- Play/brush
- Give Medication _____
- Other _____
- Other Pets Feed / refill clean water

Mid-day (between 11:00 am – 2:00 pm) Requested time _____ am/pm length _____

DOG(S)

- Walk on leash (How far _____)
- Turn out in fenced yard
- Feed
- Change/refill water
- Play/brush
- Give Medication _____
- Other _____
- Other Pets Feed / refill clean water

Evening (between 3:00 pm – 6:00 pm) Requested time _____ pm length _____

DOG(S)

- Walk on leash (How far _____)
- Turn out in fenced yard
- Feed
- Change/refill water
- Play/brush
- Give Medication _____
- Other _____
- Other Pets Feed / refill clean water

Night (between 8:00 pm - 11:00 pm) Requested time _____ pm length _____

DOG(S)

- Walk on leash (How far _____)
- Turn out in fenced yard
- Feed
- Change/refill water
- Play/brush
- Give Medication _____
- Other _____
- Other Pets Feed / refill clean water