



PET INFORMATION

Pet's name _____

Breed _____

Male Female Age _____ Weight _____

Microchip info _____

Is your pet spayed/neutered? Yes No

OWNER INFORMATION

Owner name _____

Address _____

Phone _____ Cell _____

Email _____

EMERGENCY INFO

Alternate contact name _____

Relationship to owner _____

Phone _____ Cell _____

Email _____

Vet's name _____

Address _____

Phone _____ Cell _____

(Emergency Vet will be NW Veterinary Specialists in Clackamas, unless another preference is specified.)

Please indicate how much you would authorize to spend on veterinary care in case of an emergency involving an illness or accident.

Dog food brand and type? _____

How much per meal? _____

Where to purchase? _____

Feeding times? _____

Treat or food restrictions? Yes No
If yes, please explain.

Does your dog have any allergies? Yes No
If yes, please explain.

Is your pet on any medications? Yes No

Does your dog have any special sleeping instructions? Yes No
If yes, please explain.

Is your dog housebroken? Yes No

Is your dog destructive in your home? Yes No

Has your dog ever bitten another person or animal? Yes No

Is he/she crate trained? Yes No

How is he/she on a leash?

Has your dog been treated for any medical condition within the last 30 days? Yes No

If so, please explain.

Is your dog a barker? Yes No

If so, how do you control this?

What commands does he/she respond to?

WAIVER OF LIABILITY AGREEMENT

This agreement is being made with the Howl House (Linda and Dale Headrick) to perform dog boarding services during my absence. During my absence, the Howl House may act on my behalf in obtaining medical care for my pet(s). I will accept responsibility for veterinarian's fees. I agree to reimburse the Howl House for unexpected expenses for emergency care of my pets. I hold the Howl House harmless for loss or unforeseen death of my pets and for damage caused by my pets.

I agree to indemnify and hold the Howl House harmless from and against all loss, damage, all defense costs, fees, resulting from any claim and any person claiming damage or injury by your pet. I will inform the Howl House if any of my pets have shown aggressiveness or have attacked anyone.

Pet care services will be provided at a rate of \$ _____ x _____ (days). Client understands this contract also serves as an invoice and takes full responsibility for payment of fees. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and cost of collection.

I, THE CLIENT, HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

Signature _____ Date _____