

PET INFORMATION (CAT) PAGE 2

ALWAYS HAPPY TAILS LLC.

VET NAME: _____ VACCINATIONS UP TO DATE: YES / NO
CLINIC NAME: _____ HEARTWORM TESTED: NEG / POS
PHONE: _____ ON MONTHLY PREVENTION: YES / NO

PET MEDICAL HISTORY: (ONGOING OR REOCCURRING ILLNESSES/INJURIES)

TEMPERAMENT / PERONALITY: PET DOES NOT LIKE THE FOLLOWING: (circle which apply)

Baths | Toenails Clipped | Massage | Touch Ears | Sprays | Hot Days | Rain | Snow | Cold | New Animals
Other family pets | People near food dish | Sharing Food Dishes | Loud Noise | Vacuum | Garbage Disposal
Thunder | All Humans | Strangers |
Other _____

HAS PET EVER:	DESCRIBE (even if mild, or under extreme/unusual situations)
ATTACKED SOMEONE/BIT SOMEONE? YES / NO	_____
ATTACKED ANOTHER ANIMAL? YES / NO	_____
ESCAPED FROM HOME? YES / NO	_____

In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Happy Tails Pet Sitting & House Sitting, LLC, I give permission to Happy Tails Pet Sitting & House Sitting, LLC 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 Happy Tails Pet Sitting & House Sitting, LLC 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 Happy Tails Pet Sitting & House Sitting, LLC 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 Happy Tails Pet Sitting & House Sitting, LLC care providers to use their best judgment in handling these situations, and I understand that Happy Tails Pet Sitting & House Sitting, LLC 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 any and 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 Happy Tails Pet Sitting & House Sitting, LLC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

SIGNATURE: _____ DATE: _____