

# SMALL ANIMALS / FISH / BIRD

ALWAYS HAPPY TAILS LLC.

IF DOES NOT APPLY WRITE N/A

PET'S NAME:	_____	GENDER:	MALE	FEMALE		
TYPE OF PET:	_____	NEUTERED/SPAYED:	YES	NO		
LOCATION OF PET:	_____	MICROCHIPED:	YES	NO		
AGE:	WEIGHT:	DECLAWED:	FRONT / BACK / NONE	WEARS TAGS:	YES	NO

## FEEDING INSTRUCTIONS

### FOOD INSTRUCTIONS:

AMOUNT:	1X DAY	2X DAY	3X DAY	OR/ FREE FEEDER (KEEP BOWL FULL)
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SPECIAL INSTRUCTION: \_\_\_\_\_

LOCATION OF FOOD: \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_

REASON: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

*\*IF MORE THAN ONE MEDICATION PLEASE WRITE ON BACK OF PAPER.\**

OTHER INSTRUCTIONS: \_\_\_\_\_

## VET INFORMATION

VET NAME: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

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: \_\_\_\_\_