

# Pet Care Reservation Form



## Fur Stars Pet Care

1205 Greenway Rd  
Columbus, WI 53925  
608.345.2182  
furstars@gmail.com

Date: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

Pet owners \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ home cell (circle one)  
Secondary Phone \_\_\_\_\_ home cell (circle one)  
Email \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ phone \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ How long have you owned your dog? \_\_\_\_\_ Sex \_\_\_\_\_  
Altered? \_\_\_\_\_ Color \_\_\_\_\_ Allergies? \_\_\_\_\_ Crate trained? \_\_\_\_\_  
Where did you get your dog? \_\_\_\_\_  
Any medical conditions(cancers, infections, recent surgeries, current injuries, etc)? \_\_\_\_\_

Does this dog display any of the following...  
\_\_\_ ever bitten? \_\_\_ Separation/storm anxiety \_\_\_ Firework/Loud noise phobias \_\_\_ Food/Toy aggression  
Is this dog (X for yes, ? for unknown)...  
\_\_\_ allowed on furniture \_\_\_ social with dogs \_\_\_ social with cats \_\_\_ sleep in a crate at night

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ How long have you owned your dog? \_\_\_\_\_ Sex \_\_\_\_\_  
Altered? \_\_\_\_\_ Color \_\_\_\_\_ Allergies? \_\_\_\_\_ Crate trained? \_\_\_\_\_  
Where did you get your dog? \_\_\_\_\_  
Describe your dog's personality \_\_\_\_\_  
Any medical conditions(cancers, infections, recent surgeries, current injuries, etc)? \_\_\_\_\_

Does this dog display any of the following  
\_\_\_ ever bitten? \_\_\_ Separation/storm anxiety \_\_\_ Firework/Loud noise phobias \_\_\_ Food/Toy aggression  
Is this dog (X for yes, ? for unknown)...  
\_\_\_ allowed on furniture \_\_\_ social with dogs \_\_\_ social with cats \_\_\_ sleep in a crate at night  
**\*\*please provide additional pet information on back if needed\*\***

Brand of Food: \_\_\_\_\_ Time of meals: \_\_\_\_\_  
Amount each meal (# of scoops IF ONLY your scoop is provided, otherwise amount in cups only): \_\_\_\_\_

Medications? \_\_\_\_\_ When administered? \_\_\_\_\_  
What is medication for? \_\_\_\_\_

*Fur Stars Pet Care is allowed to add incentives to my dogs food to entice them to eat if needed  
(stella and chewys, treats, canned food)*

Yes \_\_\_\_\_ no \_\_\_\_\_

**VETERINARY CARE AUTHORIZATION FORM**



**Fur Stars  
Pet Care**

Fur Stars will notify Pet Owner as soon as possible if medical attention is necessary. In the event that Owner cannot be reached or time is of the essence this form will stand as a record of Owner's wishes. Fur Stars Pet Care will try to use pet's own veterinary clinic, but will use any clinic as deemed necessary.

Veterinary Clinic Name \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please circle answers that apply

Yes No If my pets need medical treatment I agree to reimburse the Veterinarian for services rendered, up to \$ \_\_\_\_\_ for each pet.

-OR-

Yes No I agree to reimburse the Veterinarian for all costs they deem necessary to make my pet(s) well.

Any Additional comments

Yes No If my pet(s) are suffering from a **TERMINAL** illness or injury, Fur Stars Pet Care will contact me first. If however, I cannot be reached and my pet(s) are suffering I give permission to the Veterinarian to euthanize my pet(s).

I hereby authorize Fur Stars Pet Care or one of their representatives to seek medical treatment for my pets during my absence. This agreement applies to all the pets in my household now and in the future.

\_\_\_\_\_  
(Pet Owners Signature)

\_\_\_\_\_  
(Print full name)

\_\_\_\_\_  
Date



**Fur Stars  
Pet Care**

## **Fur Stars Pet Care Policies**

*Please initial each policy as having read and accepted the following.*

### **HOLIDAY CHARGE**

**There is an additional charge of \$10 on the following holidays: New Years Eve, New Years Day, Thanksgiving, Christmas Eve, Christmas Day, Easter, Memorial Day, 4th of July, and Labor Day.**

**Initial** \_\_\_\_\_

### **PAYMENT**

**Payments for service(s) are to be paid in full by the first day of service. Payment can be made in cash or check payable to Fur Stars Pet Care or Michelle Falleck, or paid via Venmo @furstars. Visa, MasterCard, American Express or Discover also accepted with an added 5% charge to total balance due.**

**\$20.00 handling charge for checks returned for any reason.**

**Initial** \_\_\_\_\_

### **RESERVATIONS/APPOINTMENTS**

**Reservations can be made up to 6 months in advance. Last minute and emergency care is also accepted if space is available. All arrivals and departures are by appointment only. Please contact us to schedule. If you are running late for your appointment, please note that we may need to reschedule to a later time, or a late fee of \$10 may be implemented.**

**Initial** \_\_\_\_\_

### **PET INFORMATION**

**All pets must have a collar and form of identification. Types of identification accepted include:  
Collar/tag displaying current phone number  
Home Again Tag and Microchip (chip number must be provided to Fur Stars Pet Care)**

**Initial** \_\_\_\_\_

### **PHOTO WAIVER**

**All photos and video taken by Fur Stars Pet Care remains property of Fur Stars Pet Care and can be used as current or future social media and advertising content.**

**Initial** \_\_\_\_\_

**Please provide Fur Stars Pet Care with a copy of your pet(s) current vaccinations, including Rabies, Distemper, and Bordatella.**

WAIVER FORM



**Fur Stars  
Pet Care**

I, (PRINT NAME): \_\_\_\_\_ WISH TO LEAVE FUR STARS PET CARE(FSPC) OR ONE OF ITS REPRESENTATIVES IN CHARGE OF THE CARE OF MY PETS(S). AS LEGAL OWNER OF MY PET(S) I UNDERSTAND THAT MY PETS(S) MUST HAVE A FORM OF IDENTIFICATION. HAVING CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT, I DO HEREBY WAIVE AND RELEASE FUR STARS PET CARE FROM ANY AND ALL LIABILITY. THIS INCLUDES ANY INJURY, DEATH, SICKNESS OR DAMAGE MY PET MAY SUFFER DURING OR AFTER ANY PET SITTING, DOG WALKING, BOARDING, OR PET CARE VISIT. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS, FUR STARS PET CARE FROM ANY AND ALL CLAIMS DUE TO ANY DAMAGE MY PET MAY CAUSE TO ANY FAMILY MEMBERS OR ANY THIRD PARTIES OR THEIR PETS.

**DAMAGES:** I FULLY UNDERSTAND IF MY PET(S) CAUSES ANY PROPERTY DAMAGE TO FUR STARS PET CARE, APPLICABLE CHARGES WILL BE PAID BY ME. THIS INCLUDES BUT NOT LIMITED TO CARPET CLEANING, CURTAIN/BLIND REPLACEMENT, CRATE REPLACEMENT, OR COLLAR/LEAD REPLACEMENT. IF MY PET INJURES ANOTHER PET DURING MY PETS' STAY, I FULLY UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES THAT MAY INCUR INCLUDING, BUT NOT LIMITED TO VET CARE COSTS. A LIST OF CHARGES WILL BE PROVIDED VIA INVOICE TO BE PAID WITHIN 10 DAYS.

**REFUND POLICY:** I UNDERSTAND THAT ALL FEES ARE PAYABLE IN ADVANCE AND THERE ARE NO REFUNDS.

**DEPOSIT POLICY:** ALL STAYS LONGER THAN 5 DAYS WILL REQUIRE A NON-REFUNDABLE DEPOSIT OF \$100 THAT WILL BE USED TOWARD THAT CURRENT RESERVATION. IF CHANGES ARE MADE TO THE RESERVATION THAT CAUSES THE TOTAL OF THE RESERVATION TO BE LESS THAN THAT \$100 DEPOSIT, THE REMAINDER OF THE DEPOSIT WILL BE FORFEITED. ANY CANCELLATION TO THE RESERVATION WILL ALSO FORFEIT THE DEPOSIT. DEPOSITS CANNOT BE TRANSFERRED TO FUTURE RESERVATIONS.

**CANCELLATION POLICIES:** FOR ANY RESERVATION THAT IS CANCELED WITH LESS THAN 48 HOUR NOTICE, A FEE OF 50% OF THE TOTAL ORIGINAL STAY WILL BE CHARGED.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ABOVE. My signature below ensures that the statements above will cover all care provided by Fur Stars Pet Care in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_