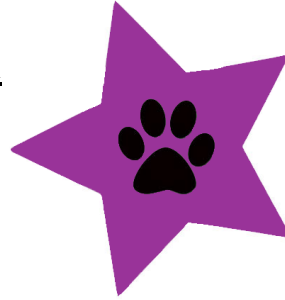


# Veterinary Care Authorization Form



**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.

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.

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).

Any Additional comments:

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.

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(Pet Owners Signature)

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(Print full name)

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Date

## **Fur Stars Policies**



**Fur Stars  
Pet Care**

### **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.**

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

### **RESERVATIONS**

**Reservations can be made up to 6 months in advance. Last minute and emergency care also accepted if available.**

### **PET INFORMATION**

**All pets must have a form of identification. Types of identification accepted include:**

**Collar/tag displaying current phone number**

**Home Again Tag and Microchip**

**Bring a copy of your pet(s) current vaccinations, Rabies, Distemper, and Bordatella**

### **HOLIDAY CHARGE**

**There is an additional charge of \$10 if your dog(s) is in our care for the following holidays (including pick up and drop offs): New Years Eve, New Years Day, Thanksgiving, Christmas Eve, Christmas Day, Easter, Memorial Day, 4th of July, and Labor Day.**

### **NOTIFICATION OF YOUR ARRIVAL HOME (IN HOME PET SITTING ONLY)**

**For the well-being of your pet(s) and our peace of mind, please notify us of your arrival home. Please call/text at any hour and leave a message that you have returned.**

### **KEYS (IN HOME PET SITTING ONLY)**

**Client's keys can be kept on file with us to simplify arrangements for future visits. If you decide you want your keys picked up or returned personally, please contact us to make arrangements.**

**Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

## Waiver Form



**Fur Stars  
Pet Care**

**I authorize a representative of Fur Stars Pet Care to care for my pet(s).**

**As legal owner of my pet(s), I understand that a current form of identification must be supplied for my pet(s).**

**I have read, understand, and will follow Fur Stars Pet Care Policies.**

**I ALLOW FUR STARS PET CARE TO CAPTURE AND USE ANY IMAGE OF MY PET(S) FOR ANY PROMOTIONAL OR SOCIAL MEDIA.**

**I hereby waive and release Fur Stars Pet Care from any and all liability in regards to my pet(s). This includes injury, death, loss, or sickness my pet may suffer during or after any pet sitting, dog walking, or daily visit.**

**I 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 (including staff dogs) or any third parties.**

**I claim that my pet(s) has not bitten or injured another dog or person.**

**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, REPLACEMENT OF ANY CURTAINS/BLINDS, CRATE, COLLARS OR LEADS. A LIST OF CHARGES WILL BE PROVIDED VIA INVOICE TO BE PAID WITHIN 10 DAYS.**

**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 now and in the future.**

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