

## Pet Care Reservation Form



**Fur Stars  
Pet Care**

608.345.2182

furstars@gmail.com

www.furstars.com

owners:

Michelle Falleck

Steven Meyer

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

Today's Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ How long have you owned your dog? \_\_\_\_\_  
Sex \_\_\_\_\_ Altered? \_\_\_\_\_ Color \_\_\_\_\_ Update vaccinations? \_\_\_\_\_  
Where did you get your dog? \_\_\_\_\_  
Describe your dog's personality \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ How long have you owned your dog? \_\_\_\_\_  
Sex \_\_\_\_\_ Altered? \_\_\_\_\_ Color \_\_\_\_\_ Update vaccinations? \_\_\_\_\_  
Where did you get your dog? \_\_\_\_\_  
Describe your dog's personality \_\_\_\_\_

**\*\*please provide additional pet information on back\*\***

Feeding instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications? \_\_\_\_\_ When administered? \_\_\_\_\_  
\_\_\_\_\_

Where does your pet(s) sleep? \_\_\_\_\_

Where does your pet(s) go while you are out of the house (i.e. crate, free roam)? \_\_\_\_\_

Is your dog good with other dogs? \_\_\_\_\_ cats? \_\_\_\_\_

Vet information (clinic & phone) \_\_\_\_\_

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*rate*

**FOR IN HOME PET CARE ONLY**

Key given \_\_\_\_\_

Garage code \_\_\_\_\_

Wireless password \_\_\_\_\_

**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.

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

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

\_\_\_\_\_  
Date



**Fur Stars  
Pet Care**

## **Fur Stars Pet Care Policies**

### **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.**

### **HOLIDAY CHARGE (IN HOME PET SITTING ONLY)**

**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.**

### **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. Visa, MasterCard, or Discover also accepted with an added 5% charge to total balance due.**

**\$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**

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

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

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

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, 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.

**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. 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.

**FSPC POLICIES:** I HAVE READ AND UNDERSTAND ALL FUR STARS PET CARE POLICIES.

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: \_\_\_\_\_