

Please fill this out to the best of your knowledge. If you are not sure about something leave it blank and we will go over it together.



## Boarding Contract

Cozy Home Pet Care

6036 Hay Creek Road Fort Ripley, Mn 56449

ph. (218)828-2062 [www.cozyhomepetcare.com](http://www.cozyhomepetcare.com)

\*\*\*Please PRINT clearly in blue or black ink\*\*\*

\*\*\*Fill in all applicable fields to the best of your knowledge\*\*\*

Your Name \_\_\_\_\_ Phone Home \_\_\_\_\_  
 Partner/Spouse Name \_\_\_\_\_ Phone Work (Self) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Cell (Self) \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Work (Partner/Spouse) \_\_\_\_\_  
 Phone Cell (Partner/Spouse) \_\_\_\_\_

How did you find us? (Yellow Pages, friend, location of ad) \_\_\_\_\_

Emergency Contact(s): They should be able to make a decision about the care of your pets if we can not reach you in case of an emergency. Please circle yes or no if they have permission to pick up your pet if you are unable to. (It does not have to be someone who lives nearby).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Pick Up: Y / N  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Pick Up: Y / N  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Pick Up: Y / N

**Check List of items to bring:** (Bring anything that will make your pet feel more at home.)

<b>Bed/Crate</b>	<b>Food &amp; Bowl</b>	<b>Treats</b>	<b>Leash</b>
<b>Medication</b>	<b>Brush/Comb</b>	<b>Chew Toys</b>	<b>ID Collar</b> (no choke chains)

Name of Groomer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 - If your pet requires any special grooming you are responsible for all charges.

**Some pets prefer walks/and or exercise! If you would like to add walks to your pets visits here, please indicate here.**

**Regular Walk \$5/each walk \_\_\_\_\_/day (indicate how many walks during their visit)**  
**Scenic Hike \$7/each walk \_\_\_\_\_/day**

# Cozy Home Pet Care

\*\*\*Please fill in one for each pet. If you need more Pet Profile pages print just page 2 of this document\*\*\*

Pets Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Male / Female

Spayed/Neutered: Y / N Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Distinguishing Features: \_\_\_\_\_ Collar Color: \_\_\_\_\_ Tags: Y / N Microchipped: Y / N  
Feeding Instructions (amount, times of day, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What brand(s) and/or types of food do you feed: \_\_\_\_\_

Favorite toys / games \_\_\_\_\_

Treats/Food Toy (Kong): \_\_\_\_\_

Food Allergies / Restricted foods: \_\_\_\_\_

Major Medical Conditions (Past or Present): \_\_\_\_\_

Medication(s) (Name, Dosage, Frequency) \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been aggressive or bitten someone? Yes / No

Has your pet ever growled or snapped at anyone who has touched his/her food or toys? Yes / No

Words my pet knows: (Ex: Sit, Potty, Down ect) \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been cared for outside your home? (Ex: Kennel or pet sitter) \_\_\_\_\_

Should your pet be crated at any point during our service? When? \_\_\_\_\_  
\_\_\_\_\_

This Pet Loves to: \_\_\_\_\_

Hates to: \_\_\_\_\_

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby waive and release Cozy Home Pet Care from any and all liabilities of any nature for the actions of myself, my heirs, any assigns, my pet(s), or any other person who accompanies me; except those arising from negligence or willful misconduct on the part of Cozy Home Pet Care. Cozy Home Pet Care agrees to provide all services in a kind, reliable, and trustworthy manner. Client agrees to notify Cozy Home Pet Care of any concerns within 24 hours of their return. In the case of an emergency, inclement weather, or a natural disaster I authorize Cozy Home Pet Care to use their judgment for the care and well being of my pet(s).

I will not attempt to hold Cozy Home Pet Care responsible nor liable for any injury or illness to my pet following their care by Cozy Home Pet Care. I specifically represent that my pets are healthy and up to date on vaccines.

If I fail to make a pick-up date and do not contact Cozy Home Pet Care to obtain an extension, in such an event as Cozy Home Pet Care is unable to contact me or my emergency contacts by any of the methods of contact provided within fourteen (14) days of the missed pick-up date, I understand that Cozy Home Pet Care reserves the right to consider my pets abandoned at that time and may surrender them to the local Human Society or adopt them to a new home at their own discretion.

Payment for boarding is due at the start of service. I agree to pay all costs and charges for special services requested by me or deemed necessary by Cozy Home Pet Care, including but not limited to any and all veterinary costs, grooming costs, flea/tick treatments, and food costs for my pet(s) during the time my pet(s) are in Cozy Home Pet Care. I further agree that the pet shall not leave until all charges incurred are paid in full to Cozy Home Pet Care.

I acknowledge I am responsible for all medical expenses and damages resulting from an injury to a pet sitter, any other persons, or any other pets or property caused by my pet or my negligence. I understand that Cozy Home Pet Care can terminate this contract if my pet becomes a threat to the safety or health of Cozy Home Pet Care due to aggressive behavior. Cozy Home Pet Care will attempt to contact me if any issues arise. In the case that Cozy Home Pet Care can not reach me, I authorize Cozy Home Pet Care to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. Cozy Home Pet Care reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above I will inform Cozy Home Pet Care before the next service is scheduled to begin.

I authorize this contract to be valid approval for services so as to permit Cozy Home Pet Care to accept all future telephone, online, mail or email reservations without additional signed contracts or written authorizations.

X \_\_\_\_\_  
Signed Name

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

# Veterinary Medical Care Release Form

Cozy Home Pet Care

[www.cozyhomepetcare.com](http://www.cozyhomepetcare.com) 1(218) 828-2062

Serving Brainerd, Ft. Ripley, Little Falls, Crosby

In the event of a medical emergency where Cozy Home Pet Care can not contact you to authorize care immediately and directly, Cozy Home Pet Care will use this form to obtain care. It is recommended that you place a credit card on file with your vet and tell them we will be caring for your pets. A copy of this form will be faxed to your vet to be placed in your file to expedite any emergency care needed. \*\*\*Please PRINT clearly in blue or black ink\*\*\*

## Primary Veterinarians Information

Name of Vet Hospital or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of preferred Doctor: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Cozy Home Pet Care my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if the Primary Vet office is not available).

I understand that Cozy Home Pet Care will try to contact me as soon as possible in the event of a medical emergency. If Cozy Home Pet Care can not contact me, I give permission to Cozy Home Pet Care to make medical treatment decisions and approve charges up to \$\_\_\_\_\_ per pet (most common values are \$200, \$1000, or unlimited) I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

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. I also agree to be responsible for all fees assessed by Cozy Home Pet Care for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 3 days of service ending/my return.

## List of Pets:

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

If anything changes from what is listed above I will inform Cozy Home Pet Care before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Cozy Home Pet Care cares for one or more of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

X \_\_\_\_\_  
Signed Name

X \_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date