



Whiskers n' Tails

Client Information			
Full Name:			
Street Address:			
City, State, Zip			
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Emergency Contact:			
Backup Key Holder:			
Alarm Code:		Alarm Password:	
Alarm Co. & #:		Trash Days:	
Garage Code:		# of Keys Provided:	
Pet Names:		Mailbox #:	

If any of the pets named above becomes ill or is injured, I request that a representative of Whiskers n' Tails, LLC (hereinafter referred to as Whiskers n' Tails) take the pets to:

Veterinary & Release Information			
Veterinary Office:		Alt. Veterinary Office:	
Address:		Address:	
Phone:		Phone:	

Whiskers n' Tails has my permission to approve treatment up to \$ [redacted]. I will assume full responsibility upon my return for payment rendered up to the above stated amount for reimbursement of veterinary services and/or additional pet care fees related to the treatment of my pet.

If neither of the veterinary offices named above are available, I authorize that Whiskers n' Tails take my pet/s to another veterinary office for treatment.

I understand that Whiskers n' Tails or its representatives cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

I also grant permission to Whiskers n' Tails to access my home for pet care purposes. In the event of a lost or damaged key, I permit the use of a locksmith of their choosing to regain entry into my home.

This agreement is entered into and shall become effective as of the date of the first pet care service and remains effective whenever my pet/s are in the care of Whiskers n' Tails.

I acknowledge and agree that I have carefully read this agreement, understand the contents hereof, and that I enter into this agreement voluntarily and of my own free will.

[redacted signature line]

Client Signature

[redacted date line]

Date