

## **NorthCalFrenchies Frenchie Sitting Service**



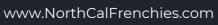
## NorthCalFrenchies House Rules

OWNERS FIRST NAME:\_\_\_\_

- The owner certifies that their pet/s have not been exposed to any of the diseases that vaccinations cover within the last 30 days prior to drop off.
- The owner agrees to pay the daily rate for each pet or any additional charges for special requested services to be administered by NorthCalFrenchies.
- The owner agrees that all charges will be paid in full before pet/s gets picked up. If this does not take place, NorthCalFrenchies has the right to retain the pet/s in question until all unpaid charges are met.
- While in NorthCalFrenchies' care, should the pet require emergency care from a veterinarian, NorthCalFrenchies has sole discretion of calling in a vet or taking the pet to be treated at a pet hospital. All associated expenses are the responsibility of the owner.
- · Any pet left fourteen days beyond the agreed upon date for pick-up may be released to either a rescue group, to a local shelter, or a new owner.
- Things to bring when dropping off pet/s; food, favorite toy, bed, leash with collar or harness, and medication if needed.

\_\_\_\_\_ OWNERS LAST NAME:\_\_\_\_\_

ADDRESS:	CITY:	ZIP:		
EMAIL:				
CONTACT NUMBER 1:	CO1	NTACT NUMBER 2:		
EMERGENCY CONTACT NAME:		PHONE:		
TERINARIAN:PHONE:				
DROP OFF DATE:	PI0	CK UP DATE:		
		RTHCALFRENCHIES care, the owner acknowledges		
OWNER'S SIGNATURE		DATE		
NORTHCALERENCHIES REP. SIGNATURE		DATE		





## The more we know about your pet/s, the better their care will be.

Pet's Name(s)		Gender: (M/ F)	Microchip#
Neutered/Spayed: ( Yes/No)	AGE:	DOB:	Coloring:
Pet's Name(s)	(	Gender: (M/ F) Micr	rochip#
Neutered/Spayed: ( Yes/No)	AGE:	DOB:	Coloring:
Pet's Name(s)	(	Gender: (M/ F) Micr	rochip#
Neutered/Spayed: ( Yes/No)	AGE:	DOB:	Coloring:
LIST PREVIOUS INJURIES, SU	RGERIES, ALL	ERGIES OR OTHEF	OUR PETS NEED SPECIAL CARE?
MEDICATIONS:		GIVEN:	
BRAND OF FOOD:			_ REFRIGERATED: (YES / NO)
QUANTITY BY CUPS:		MEALS/DAY:	
CAN YOUR PET/S HAVE TREA	ATS: (YES/ NO)		

## PLEASE ANSWER ALL QUESTIONS THOROUGHLY:

PREVIOUSLY IN DOGGY DAYCARE: (YES/NO) AGGRESSIVE TOWARDS OTHER DOGS: (YES/NO) AGGRESSIVE TOWARDS PEOPLE: (YES/NO) CHEWS/SCRATCHES UP BEDDING: (YES/NO) KENNEL TRAINED: (YES/NO) GETS OVER EXCITED: (YES/NO) LEASH TRAINED: (YES/NO) LIKES TO PLAY WITH OTHER DOGS: (YES/NO) BARKS OFTEN: (YES/NO) ALL VACCINATIONS AND DEWORMING GIVEN BY AGE REQUIREMENT: (YES/NO)