



NorthCalFrenchie Frenchie Sitting Service



NorthCalFrenchie House Rules

- 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 NorthCalFrenchie.
- The owner agrees that all charges will be paid in full before pet/s gets picked up. If this does not take place, NorthCalFrenchie has the right to retain the pet/s in question until all unpaid charges are met.
- While in NorthCalFrenchie's care, should the pet require emergency care from a veterinarian, NorthCalFrenchie 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 FIRST NAME: _____ OWNERS LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

CONTACT NUMBER 1: _____ CONTACT NUMBER 2: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

VETERINARIAN: _____ PHONE: _____

DROP OFF DATE: _____ PICK UP DATE: _____

By signing this contract and agreeing to leave your pet(s) in NORTHCALFRENCHIES care, the owner acknowledges that they are the legal responsible party of the pet(s) listed above and that all the information on this form is accurate.

OWNER'S SIGNATURE _____ DATE _____

NORTHCALFRENCHIES 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) Microchip#_____

Neutered/Spayed: (Yes/No) AGE:_____ DOB:_____ Coloring:_____

Pet's Name(s)_____ Gender: (M/ F) Microchip#_____

Neutered/Spayed: (Yes/No) AGE:_____ DOB:_____ Coloring:_____

***** HEALTH HISTORY*** WE NEED TO KNOW - DO ANY OF YOUR PETS NEED SPECIAL CARE?
LIST PREVIOUS INJURIES, SURGERIES, ALLERGIES OR OTHER:**

MEDICATIONS:_____ GIVEN:_____

BRAND OF FOOD:_____ REFRIGERATED: (YES / NO)

QUANTITY BY CUPS:_____ MEALS/DAY:_____

CAN YOUR PET/S HAVE TREATS: (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)