



Pet Suites Cat, Bird & Small Animal Contract

Customer Name _____ Date _____

Customer Street _____ City _____

Customer State _____ Zip _____ Email _____

Date of Pick Up _____ Approx. Time of P/U? _____

Pet Name 1 _____ Sex _____ Breed _____

Pet Name 2 _____ Sex _____ Breed _____

This Contract is between Pet Suites & the pet owner whose signature appears below.

- 1. Owner agrees to pay the daily boarding rate and understands the charges. Initials _____
2. I understand that if I pick up my pet(s) before 12 noon, that I will not be charged for the day. Initials _____
3. Pet Suites is not responsible for any loss or damage of any owner toys, carriers, etc. Initials _____
4. Pet Suites is not responsible for any pre-existing or breed-related conditions. Initials _____
5. All guests must be healthy and it is recommended that they have had a physical within the last 3 months. Initials _____

RECREATIONAL PROGRAMS

You can sign up your pet(s) for the following fun filled activities! The one-on-one playtime, or extra attention will delight your pet! All pets love getting attention and they love to play! That is what Pet Suites is all about! Having FUN!

Please specify days

- 6. Playtime \$12—One on One: 20 minute playtime with an Attendant.
7. Massage \$5—10 minute massage.
8. Tuck In Service Time \$5— Cuddle time, a little lovin' & bedtime treat
9. Save \$9 on Fabulous Feline Package \$15—1 Playtime & brushing/cuddles or nail trim plus a toy to take home.

PET SUITES MENU

Pet Suites serves Taste of the Wild Grain Free Feline Cuisine. We serve kibble and we also have canned. Pet Suites serves the main meal once a day; in the morning. However, we will serve meals to those special needs pets, twice a day. Special needs pets will have to be approved by the Manager. Serving a delicious high calorie diet will allow us to monitor their appetite and bowel movements as well.

10. Is Food provided by Owner? Y ___ N ___

(If Owner is providing own food, please pre-package and portion otherwise there is a daily special handling fee of \$2.)

11. Is Own Food pre-packaged? Y ___ N ___ Exact Amount? Y ___ N ___ EXTRA? _____



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HEALTHY PET PROTECTION PROGRAM

12. Healthy Pet Protection Program.....**Pre-existing conditions are not covered.**

\$15 a stay covers up to \$500 of a vet bill..... **Accept**___ **Decline**___

\$25 a stay covers up to \$1,000 of a vet bill..... **Accept**___ **Decline**___

Any stay over ten (10) days is \$2.00 per day for Healthy Pet if purchased..... **Initials**_____

MEDICATION - IF YOUR PET(S) ARE ON MEDICATION PLEASE FILL OUT THE MEDICATION CONTRACT

13. Any pre-existing conditions we should know about? _____

PHOTO RELEASE

14. I consent to the unrestricted use by Pet Suites of all photographic or other images created by AKM/Pet Suites, and my name for use in social media & website placement, or other printed materials..... **Initials**_____

EMERGENCY CONTACT NUMBERS

Please list all emergency phone numbers during your pet's stay at Pet Suites. We must be able to reach you or your listed emergency contact. Cell Phones can get "out of range", so please make sure numbers are accessible. If out of country, please provide email. Thank you!

- 1. _____
- 2. _____
- 3. _____

In the event of any medical emergency, the Manager will always contact you first. If you or the person's listed above cannot be reached, Pet Suites will make any decisions necessary for the health and well-being of your pet.

***** I fully understand that I am financially responsible for these decisions Initials**_____

Name of Current Animal Hospital _____

\$\$\$ Spent = Points = Rewards Ask about our PAWS REWARDS Program Refer a Friend = Points = Rewards

Would you like to sign up for our PAWS REWARDS Program? Start earning points today...great rewards!!!Y__N__

**** Owner certifies to the accuracy of all information given about said pet. *****

OWNER _____

DATE _____