



Poway 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 The Animal Keeper & 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. If pet is not officially checked out at 12 noon, I will be charged an afternoon pick up fee..... Initials _____
- 3. The Animal Keeper is not responsible for any loss or damage of any owner toys, carriers, etc..... Initials _____
- 4. The Animal Keeper 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. The Animal Keeper is not responsible for any conditions that are stress induced (i.e. diarrhea, skin allergies, eye discharge, etc.)..... 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 The Animal Keeper 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..... **\$5**— Cuddle time, a little lovin' & bedtime treat..... _____
- 9. **Save \$9 on Fabulous Feline Package...\$15—1 playtime, choice of nail trim or brushing and a cat toy** _____

THE ANIMAL KEEPER MENU

The Animal Keeper serves Taste of the Wild Grain Free Feline Cuisine. We serve kibble and we also have canned. The Animal Keeper 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 if possible.)

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

12. Owner is aware of the \$2 Own Food charge for catsInitials _____

Encinitas:
Ph# (760)753-9366
Fax# (760)753-0296

Oceanside:
Ph# (760)941-3221
Fax# (760)941-2279

Poway:
Ph# (858)748-9676
Fax# (858)748-7491



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HEALTHY PET PROTECTION PROGRAM

13. 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

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

PHOTO RELEASE

15. I consent to the unrestricted use by the Animal Keeper of all photographic or other images created by AKM/Pet Suites, and my pets 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 The Animal Keeper. 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, The Animal Keeper 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 _____

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