



Pet-Taxi Release Form

PAWS Pet Concierge | 515 E Chatham St, Cary, NC 27511 | 919-601-0233

If a medical emergency arises for the pet(s), I authorize PAWS Pet Concierge Services to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. I accept responsibility for any charges related to this emergency care.

In the unlikely event of illness or personal emergency of the PAWS Pet Concierge Services pet sitter, another qualified pet sitter will take care of the pet(s).

I am responsible to make sure all pet(s) are current on their vaccinations. Should the pet sitter be bitten or otherwise injured by the pet(s), I will agree to pay all medical costs.

In the event of inclement weather or natural disaster, the pet sitter will use their best judgement in caring for the pet(s) and home, but cannot be held responsible for any damage to home or injury to the pet.

I will notify the pet sitter if anyone else has keys or access to the property during the time the pet sitter is taking care of the pet(s). I agree that the pet sitter can not be held liable for damage done to the home and pet(s) by others with such access. In addition, the pet sitter shall not be held liable for damage done by pet(s) to either the interior or exterior of the home when the pet sitter is not there.

Printed Name: _____ Date: _____

Signature: _____

Pet/Home Sitting Enrollment

Client Information

First name: _____ Last name: _____

Address: _____

Mobile number: _____ Home number: _____

Work number: _____ Email: _____

Preferred contact method? (circle one) Email / Text / Call

Emergency contact name & number: _____

Pet Information

If you have multiple pets, separate with commas and use the same order throughout

Pet(s) Name: _____ Age: _____

Weight: _____ Breed: _____

Color/Markings: _____

Gender (unaltered female, spayed female, unaltered male, neutered male): _____

General/Medical History

Any previous serious illnesses or surgeries? If yes, please describe: _____

Any pre-existing medical conditions? If yes, please describe: _____

Any allergies? If yes, please describe: _____

Veterinarian Information

Animal Hospital Name: _____

Address: _____

Phone number: _____

Rabies Expiration Date: _____

Behavior

For those with multiple dogs, write the name of the dog that pertains to the question next to your circled answer

Has your dog ever bitten another person or dog? If yes, please describe the situation: _____

Is your dog friendly towards adults, both male and female? If no, please explain: _____

Do you consider your dog to be an escape risk? (circle one) Yes / No / Unsure

Is there anywhere on your dog's body that they do not like to be touched? _____

Comments

Please list any additional information that will help us to provide care for your pet: _____

Veterinary Instructions and Release Form

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Pets Names: _____

Colors/Markings: _____

Ages: _____

Medical Conditions/Medications: _____

If any pet(s) named above become ill or are injured, I request that PAWS Pet Concierge Services take the pets to:

Animal Hospital Name: _____

Address: _____

Phone Number: _____

If veterinary treatment is required, I give permission for PAWS Pet Concierge Services to approve said treatment up to \$ _____

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize PAWS Pet Concierge Services to take my pet to another veterinary office for treatment. I understand that PAWS Pet Concierge Services cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever PAWS Pet Concierge Services cares for my pet:

Printed Name: _____ Date: _____

Signature: _____