



## **Pet-Taxi Release Form**

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

I recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I agree to assume the full risk of any injuries, damages, or loss, regardless of severity, that my pet may sustain as a result of activities associated with receiving transportation services.

PAWS Pet Concierge Services will take precautions to prevent any animal from running away from the vehicles or property, but animals' behavior cannot be controlled at all times. I will not hold PAWS Pet Concierge Services responsible if my animal finds a way to escape their premises during care or vehicles during transportation.

PAWS Pet Concierge Services accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. I agree that PAWS Pet Concierge Services will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors.

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.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Pet-Taxi Enrollment Form

## 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): \_\_\_\_\_

How will the pet travel (in a crate or in rear seat)? \_\_\_\_\_

## 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: \_\_\_\_\_