

Patriot Pet Care

Client Information

Name		Phone Number	
Address			
City	State	Zip	
Email		Pet(s) Name(s)	
How did you hear about us?			
Alt Contact	Phone Number	Email	
Who would you like us to contact in the event of an emergency?			
Emergency Contact	Phone Number	Relationship	
Policies			
<p>Please initial:</p> <p style="margin-left: 40px;">I understand that I will be charged a \$15 no show fee if I do not inform staff that I need to cancel before 0700 on the day of my reservation</p> <p style="margin-left: 40px;">I understand that I must pick up my pet(s) before 1600 or I will be charged a \$15 late pick-up fee</p> <p style="margin-left: 40px;">I understand that if my pet is not picked up by 1630 I will be charged the overnight fee appropriate for my pet(s)</p>			
Credit Card Information			
Name on card		Card Type	
Card Number	CVV	Exp. Date	

Printed Name:
Date:

Signature:

Patriot Pet Care Pet Profile

Pet Information

Pet First Name	Pet Last Name	Date of Birth	Age
Type	Breed	Color	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> Spayed/ Neutered <input type="checkbox"/> Not Spayed/Neutered

Microchip Number:

Allergies

Cause	Effect	Treatment

Feeding

Time	Type (Dry, wet, treats, chews, anything extra)	Amount

Medication

Name	Dose	Time

Behaviors

Aggression towards people or animals/ Food/ Pain/ Other	Explain

Other Medical History/ Information to note

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Veterinary Service Authorization

In the event that my pet becomes ill, injured, or in need of veterinary care, I authorize the following procedures:

Emergency (choose one):

_____ Administer first aid (if necessary) and contact myself or my emergency contact for further instructions before anymore actions are taken. I understand that there is a transport fee and veterinary services are at my expense.

_____ Administer first aid (if necessary) and call myself or my emergency contact after treatment by a veterinarian. I understand that there is a transport fee and veterinary services are at my expense.

Non-Emergency (choose one):

_____ Please speak with me before any services are arranged.

_____ Call myself or authorized person to schedule pick-up time and arrange transportation.

_____ I authorize Fort Belvoir Patriot Pet Care to arrange an appointment and transport to my veterinarian (within 10 miles). I understand that there is a transport fee and veterinary services are at my expense.

Veterinarian Information:

Name: _____

Address: _____

Phone Number: _____

_____ I authorize Fort Belvoir Patriot Pet Care to arrange an appointment and transport to a veterinarian of their choosing at my expense. I understand that there is a transport fee and veterinary services are at my expense.

Payment:

_____ I understand that I must have a valid credit card on file that will be charged in the event where veterinary services are required and that veterinary charges must be paid at the time services are provided.

Print Name: _____

Date: _____

Signature: _____

PET PHOTO CONSENT FORM

I, _____, hereby grant Patriot Pet Care, Fort Belvoir VA permission to use any photographs taken of myself or my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose.

In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name and information as printed below.

(Pet's printed name)

(Owner's Signature)

(Date)

(Owner's printed name)

Patriot Pet Care Check-In Waiver

Pet(s): _____

Dates of Stay: _____

Please initial:

_____ I agree that my lodging waiver, veterinary care instructions, and emergency contacts are up to date and no changes are needed.

_____ I agree that if my pet should run out of food it is ok to feed the food offered (ProPlan Sensitive Skin and Stomach) and I understand there is a \$1 fee per meal.

_____ I have informed staff of any new health issues for my pet.

_____ I have selected the: Standard Run Extra Large Run

_____ I have chosen the following grooming/Spa options:

Basic Bath Full Groom Brush-Out Other _____

_____ I have chosen the following add-on services (additional cost):

Walks Couch Cuddles Treats Individual Play Media

_____ I authorize Patriot Pet Care to give my dog canned pumpkin puree in the event that they develop loose stool due to kennel stress.

_____ I authorize Patriot Pet Care to give my dog a small amount of canned bland diet mixed with their regular food in the event that they lack appetite in the kennel environment.

_____ I understand that customer service is not open on the weekends and staffing has limited hours to accommodate guests only. If I need assistance I will call and leave a voicemail that may not receive a return phone call until the next business day.

Signature: _____

_____ I have agreed to an appointment time to pick up or drop off my pet(s). I understand that if I do not arrive on time for the appointment I must wait until the next business day for assistance.

My appointment is on _____ and I have agreed to arrive at _____

Staff Initials _____