

Shoreline Pet Plaza
2335 Roosevelt Ave
Two Rivers, WI 54241

Contract

Phone: (920) 793-4477
Fax: (920)
www.ShorelinePetPlaza.com
email: info@shorelinepetplaza.com

How did you hear about Shoreline Pet Plaza? _____ Today's date: _____

Owner's name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ 2nd Phone #: _____

e-mail: _____

Emergency contact (who would be notified if something happened to you?): _____

Relationship to above (i.e. friend, sister, parent, etc.): _____

Cell phone of emergency contact: _____

Alternate phone for emergency contact: _____



Health information:

Veterinarian: _____ Phone: _____

Vet address: _____ City: _____

State: _____ Zip: _____

List any known allergies: _____

List any medications: _____

Describe any medical/health issues we need to be aware of (i.e. seizures, heart problems, hip problems, etc.)

Is your pet on a special diet? YES NO What does your pet eat? _____



Pet Profile:

Dog or Cat (circle one) Pet's name: _____ Breed: _____

Pet color: _____ Weight: _____ Birth date: _____

Male or Female (circle one) Is your pet spayed or neutered? YES NO (circle one)

Are there any behavior issues we should be aware of? _____

I, _____, hereby certify that my pet(s): _____
is/are in good health and has/have not been ill with any communicable condition in the last 30 days.

1. I understand that I am solely responsible for any damage caused by my pet(s) while he/she is/are at Shoreline Pet Plaza.
2. In case of emergency, I recognize the risks of injury that accompany transport and acknowledge that this RELEASE is being relied upon by Shoreline Pet Plaza to permit transport of my pet(s) to and from the facility or any other necessary location.
3. I understand that excessively long toenails may cause injury during boarding. If the staff is required to trim them, a fee of \$15 will apply.
4. I understand that if fleas/ticks are discovered on my pet(s) during their stay at Shoreline Pet Plaza, the staff will administer a Capstar tablet and/or flea bath. I am responsible for the cost of the parasite treatments.
5. I agree to pay for all services at the time they are rendered. I understand that any unpaid fees will be sent to collections and I will be responsible for all collections and legal fees incurred by such actions taken. I further understand that Shoreline Pet Plaza may hold my pet(s) until my bill has been paid.
6. I agree and understand that if my pet(s) is/are left at Shoreline Pet Plaza for 10 days beyond the scheduled pick-up date, and I have not made contact with said company, and company staff are unable to make contact with myself or my emergency contact, then the company will consider the animal(s) abandoned and has the right to re-home them. Persons who abandon their animals will be reported to the Manitowoc County Sheriff's Department.
8. I understand that Shoreline Pet Plaza requires cancellation of grooming and boarding appointments 48 hours in advance, or I am responsible for the full cost of the scheduled appointment. I also understand that a non-refundable down payment may be required at the time of reservation.
7. I understand that Shoreline Pet Plaza has policies in effect to prevent illness and injury to visiting pets. However, in the event of an injury or illness, company staff is trained to provide treatment for minor injuries. If there is any question about the seriousness of the injury or illness, the pet will be taken to a veterinarian for examination. Owners are responsible for any medical fees.

I, _____, grant Shoreline Pet Plaza, and/or its selected agents full power of decision concerning the care and well-being of my pet(s) in an emergency situation. Should any medical emergency arise, it is agreed that Shoreline Pet Plaza or its selected agents can and will make any needed decision concerning medical treatment and choice of caregiver. The pet's(s') owner will be contacted should any emergency occur.

Signature: _____ Date: _____

Printed name: _____