

Shoreline Pets LLC  
2335 Roosevelt Ave  
Two Rivers, WI 54241

# Contract

Phone: (920) 793-4477  
www.ShorelinePets.com  
email: info@shorelinepets.com

How did you hear about Shoreline Pets? \_\_\_\_\_ 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? \_\_\_\_\_

*Please note: We do not give dogs any chewy-type treats (i.e. rawhide, Greenies, pig ears, etc.) during boarding as they are choking hazards and not safe in a kennel situation.*



## 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? \_\_\_\_\_

\_\_\_\_\_

## Client Agreement

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 Pets.
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 Pets 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 \$10 will apply.
4. I understand that if fleas/ticks are discovered on my pet(s) during their stay at Shoreline Pets, 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 Pets 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 Pets 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 local law enforcement.
8. I understand that Shoreline Pets requires cancellation of grooming and boarding appointments 24 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 Pets 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 Pets, 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 Pets 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: \_\_\_\_\_