



DGPP – Veterinary Release Agreement

VR

In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of DGPP, I give permission to **DGPP** to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask DGPP to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet / all pets (most common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that DGPP care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow DGPP care providers to use their best judgment in handling these situations, and I understand that DGPP and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by DGPP for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize DGPP and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify DGPP of any signs of injury or possible illness before any visit as soon as the condition appears. DGPP reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. DGPP strives to provide clean, safe service to each of our clients. In doing so, DGPP strongly recommends that each pet and large animal be vaccinated, DGPP, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time DGPP cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within DGPP care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name:

Client Signature: _____ Date: _____



DGPP – Pet Information Disclosure

PI

Please complete one Pet Information Disclosure form per pet or litter.

Owner: **Pet Name:**

Length of Time Owned: _____ Pet Type: Dog / Cat / Horse / _____

Breed: _____ Sex: M/F Declawed: Y/N Neutered: Y/N

License #: _____ Microchip/Tattoo/Dog Tag #: _____

Physical Description (if similar to another): _____ Birth date: _____ Or Age: _____

Weight: _____ Or Size: _____

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ Min

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Name: Amt: Location:	Notes:	

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: Other off-limit areas:
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Owner: Pet:

Emergency Care: **Placing Credit Card on file at vets office is recommended*

Vet Name: _____ Pet Allergies: _____
Clinic Name: _____ Vaccinations up to date on (month/yr): _____
Phone: _____ Heartworm test: Negative / Positive

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

Pet reacts to the above by:

Has Pet Ever:

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Describe (even if mild, or under extreme/unusual situations)

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	

Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____



DGPP – Contact Information

CI

First Name:

Last Name:

Pet(s):

Inquiry Date:

/ /

Method:

Returned Call:

Home Phone:

Cell Phone:

Work Phone:

Email:

Prior Sitter:

Referred By:

Address:

Contact Method: Home Phone Cell Email

Directions:

Status:

Will Call Back

Interviewing Others Also

Consultation:

Date	Time
<input type="text"/>	<input type="text"/>

Service Type:

Vacation Periodic Daily

First Sit:

Frequency:

X per Day Week

Start

<input type="text"/>	<input type="text"/>
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Length:

Minutes Per Visit

End

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Rates Quoted:

Second Sit:

Start

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Travel: \$ Miles: Mins:

End

<input type="text"/>	<input type="text"/>
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Scheduling:

Tentative Reserved

References:

Emergency Contacts

(Alternate)

Name:

Phone:

Cell/Work:

Relationship:

Special Alerts

FLIGHT RISK, Describe:

OUT ON LEASH ONLY No Leash Outside

WATCH DURING FEEDINGS Separate Dishes

NO TREATS Pick Up Dish after Mins

Location: _____ **Other:** _____



DGPP – Home Guide

HG

Owner:

Pet(s):

Usual Vehicles & Visitors At Home:

Snow & Ice Care Instructions / Contacts:

Locations:

Crated Area

Leash/Collar

Grooming

Food Dish

Food

Water

Tap Filtered Bottled

Water Dishes

Medications

Treats

Litter Box

Poop Scoop

Kitchen Waste

Outside Waste

Recycle Bin

Paw Towels

Paper Towel

Spot Cleaner

Broom/Vacuum

Put Mail

Indoor Plants

Outdoor Plants

Notes & Misc:

Key - MUST TEST

- Pet Sitter Has Use Code
- Will Mail Unlocked
- Drop _ff Client Present
- Will Leave Other

Describe Key:

Backup Entry:

Usual Visits

Length

Time Slot

- Morning
- Afternoon
- Dusk

Birdfeeders

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Night

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DGPP – Service Request

SR

Pets

	Client Full Name or ID	
	Best Way to Contact Today	
	Contact At	

Service Begins
Service Ends

/	/	/
/	/	/

Time
Time

Daily	Every Other Day	Weekdays

Details	Visit Time	Length	Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning			+		X	=	
Afternoon			+		X	=	
Dusk			+		X	=	
Night			+		X	=	
						Subtotal	
						Additional Charges	
						Discounts	
						Grand Total Deposit Due	

How may we reach you while you are away?

Phone:

Email:

Trip Description/Hotel/Notes & Visitors Expected

Tasks

<input type="checkbox"/>	Email Log	
<input type="checkbox"/>	Walk Dog	
<input type="checkbox"/>	Feed	
<input type="checkbox"/>	Pill / Shots	
<input type="checkbox"/>	Injections	
<input type="checkbox"/>	Plants	
<input type="checkbox"/>	Clean Litter Box	
<input type="checkbox"/>	Take Out Trash	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Special Notes & Other Tasks

Payment Method

Pay Date

This request **must be confirmed** by my pet sitter, and **a Signed Copy must be left for the pet sitter**. By submitting this request, I agree to all terms as stated on [our website](#).

Signature: _____ Date: _____