## Ocean Sands K-9 Resort In - Home Care Agreement Form

Pet Name	Age: Breed:	
Color: Gender:	M F Identifying Marks/Scars	
Owner:	Contact #	
Home Address:	City:	State:
Email:		
Emergency Contact Name and Contact #:_		
Pet Care		
Date(s):	Arrival Time(s):	
· ·	Departure Time(s):	
<u>Visit Fee</u>		
\$25 Per ½ hr visit - 1 Pet	Visit includes -	
\$5 Each Additional Pet	> Potty break	
	> Water, food, treats, medica	
	> Inside potty accident notif	ication
	> 5 minute Facetime	
Optional Pet Waste Removal		
\$5 Per pet for visit waste removal inside ar	nd outside	
Pet Care Information		
Feeding Instructions		

## **Medical Information**

If your pet develops health problems or sustains an injury requiring Veterinary care, we will attempt to contact you or your emergency contact. When Ocean Sands K-9 Resort assesses your pet may be experiencing a life threatening emergency, they will be transported to Roanoke Island Animal Clinic, 107 Russell Twiford Rd, Manteo NC - (252) 473-3117.

Roanoke Island Animal Clinic can not treat your pet without your authorization.

> Lis	st pre-existing medical conditions & allergies
> Lis	st medications your pet is currently taking regulary
	st medications and instructions for medications to be administered. Medications can be organized in a pill enser. Prescription medications must have the original containers.
Whil	side Time le your pet is in our care, their safety, comfort, and well being are our primary focus. Pets enjoy their de time supervised by staff. Pets are not taken off site except for parent approved trips.
> Lis	st information about your pets play and potty needs
<b>Poli</b> Fee 1  ⇒  ⇒	cies  Policies  Fees are due as agreed.  There is no charge for service cancellation 24 hours or more prior to the service date.
$\frac{\text{Pet C}}{\Rightarrow}$	Pet owner agrees to hold Ocean Sands K-9 Resort harmless for injuries and/or illness beyond our control. Pet owner agrees to pay for any and all medical costs associated with Veterinary treatment while in care.  Pet's must have a current rabies vaccination.
Fee d	& Payment Agreement:
By Si	igning you understand and agree to abide by Ocean Sands K-9 Resort policies.  Date
Print N	lame