

Application for Pet Care Intake

PetsNPatients Non for Profit is a resource for pet care for patients while they recover. Accidents and illness require extended periods of time and often the decision to re-home a pet is the first option given patients, animal control or euthanasia is sometimes the decision made. We believe in a no-kill nation and that time heals and pets are a part of that healing. By offering a patient support during a crisis where conventional boarding would be cost prohibitive. In most cases, a disabled person with growing financial strain is just the start of many changes. We may be able to offer a “band-aid” of respite care for their pets while they recover. Preserving the companion bond of a pet can be beneficial for patients.

We seek donations of care from pet sitters and volunteer respite home pet caregivers. Help may come from a pet sitters, boarding centers, DVM or other pet care givers who agree to provide a 24/7 safe haven for your pet for a period of time. Perhaps a home checks for your other pets, or dog walks.

Your circle of friends can create a pet care account with us to help offset your expenses for pet while you recover. We use Pay Pal so your support network can help you from anywhere. This offers your human support network a way to help you maintain your pet relationship while you recover. A suggestion daily pet care donation is \$5 - \$10 daily but maybe waived based on disclosure of financial hardship. There is a \$100 intake donation upon successful placement paid upon pet transfer. We are an all volunteer group. A suggestion daily pet care donation is \$5 - \$10 daily but maybe waived based on disclosure of financial hardship. There is a \$100 intake donation upon successful placement paid upon pet transfer.

We do not cover veterinary costs should your pet need medical care. A credit card must be on file with a local vet closest to our resources.

Generally pets must be temperament tested before they can be accepted in a private home because we seldom crate the dogs unless we are away from our home.

Specifics:

ALL dogs/cats must be neutered/ spayed by 9 months of age

PetsNPatients requires a copy of updated proof of recent vaccination history at acceptance for service.

Dog shots - Rabies, Distemper, Parvo, and Bordatella

Cat shots - Rabies, Distemper, Feline Leukemia and Feline AIDS negative

All information Emailed to: petsnpatients@gmail.com

Intake Pet's Name: _____

Date: _____

Owner/Responsible Party:

First Name: _____ Last Name: _____

Address: _____

Unit/Apt: _____

City + Zip Code: _____

Home# () _____

W# () _____

Cell# () _____

Email Address: _____

Emergency Contact Person: _____

Relationship: _____

Phone # () _____

Email: _____

Pet Information:

Gender: F M Spayed/Neutered? Y N Age: _____

Breed: _____ Coat color: _____

Weight: _____

Describe any medical/health or physical limitations of which we should be aware (e.g., seizures, heart problems, blindness, deafness, hip problems and allergies)

Your dog/cat will be required to pass a temperament test with one of our volunteers prior to acceptance.

Please CIRCLE all that apply to your pet:

Does your pet have fears? Yes No

If yes, please describe:

Has your pet shown aggression towards other dogs/cats? Yes No

Has your pet ever bitten a person? Yes No If yes, please explain:

Has your pet been in daycare/boarding before? Yes No

If yes, how was their experience? _____

Do you crate your pet when you're away? Yes No

At night? Yes No

Does your pet have any problems in the following areas?

- Barking Yes No
- Destructive chewing Yes No
- Houstraining Yes No
- Shyness Yes No
- High jumper Yes No
- Runs Away Yes No
- People aggressive / or possessive Yes No
- Nervousness Yes No

Any additional information you may feel we need?

All boarding dogs must be wearing a form-fitting, flat collar with Rabies and I.D. tags

FEEDING:

Are there any treat limits we should be aware of? Yes No

What is the BRAND NAME of the food you're currently feeding your pet?

Boarding pets please bring food in individual servings labeled with your pet's name on each bag. Extra food is discarded.

Please DO NOT bring dishes.

This is a must: PLEASE PROVIDE YOUR DOG/CAT'S CRATE WITH FAMILIAR CLEAN BEDDING/TOYS for comfort.

VET:

Your vets name: _____

Phone #: () _____

In an emergency situation the closest veterinary hospital will be used, a copy of your credit card information is needed on file at the local vet in the event of an emergency.

Information provided: _____

Is your pet currently taking any medications? Yes No

If yes, please give us details:

PetsNPatients Donation Based Boarding Agreement

This is a contractual agreement between PetsNPatients NFP and the undersigned (Owner) for pet related services rendered by PetsNPatients for owner, all pursuant to the following terms and conditions.

1.) I represent legal ownership of pet listed. I have disclosed to PetsNPatients all known behavioral problems including, without limitation, any history of biting and/or aggression towards people or other animals and understand that PetsNPatients representatives reserve the right to refuse service and cancel all future service should any altercations occur.

I agree said animal has not been exposed to distemper, rabies, or Parvo virus within the last 30 days: has current vaccinations, including 6 month Bordatella, and will submit proof of said vaccinations before start of service, that all city and state required registration and licenses are presently in full force and effect.

2.) I agree that in the event of any medical situation or development of physical condition requiring medical attention PetsNPatients may obtain emergency veterinary care and treatment deemed necessary for the safety health and well being of my pet. I understand I am liable for any medical care expenses incurred for my animal, and any damages that result from injuries caused by my pet exclusively.

3.) *I understand that PetsNPatients respite care boarding homes are cage-free and supervised. I understand my pet may play with/but not limited to tennis balls, stuffed animals, rope toys, rubber kongs, and those toys deemed exclusively for dogs. I waive and relinquish any and all injury and claims made against PetsNPatients and their volunteers & agents from enjoyment of said toys.*

4.) *I understand any and all fees must be paid through PayPal, no checks accepted.*

5.) *I expressly waive and relinquish any and all claims against PetsNPatients volunteers and representatives. I understand PetsNPatients reserves the right to terminate service to myself and my pet at any time for any reason.*

6.) *Boarding donations deposit is required at time of acceptance by our respite care network.*

We have a limited number of respite care homes and can offer this service only as we are able with our volunteers & resources.

I (the Owner) have read this agreement in its entirety and acknowledge above conditions: _____

Printed Name Signature & Date:

Accepted: _____ PetsNPatients NFP

Date: _____

Donor Account Assignment Number: _____