



Pet Services Registration Packet



Instructions

P.O. Box 6455, Brunswick, ME 04011 207-891-2968

Welcome to Salty Dog Pet Services, LLC!

We are thrilled that you have chosen us to look after your pet family member(s)! No one likes paperwork, but for something as important as this, the detail with which we cover things NOW allows us to focus solely on the care and love of your pet(s) in the future.

In this packet, you will find all the information needed to register your pet for our services. Please read through it carefully and perform all the the duties under the “Client To Do List” prior to your initial consultation. We will go over each of the forms with you at your scheduled initial consultation to cover any additional questions you may have.

Contained in this registration packet you will find the following:

<u>Item</u>	<u>Client To Do List</u>	<u>For Office Use Only</u>
Services & Pricing Info	Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Information Form	Fill Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Profile Form	Fill out one per pet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Access & Care Form	Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian Release Form	Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Waiver Form	Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Service Agreement	Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dog Walking Addendum	Fill out if using this service; Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pet Sitting Addendum	Fill out if using this service; Sign & Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2 sets of house keys	Bring to initial consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies Vaccination Proof	Bring copy to initial consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Important: Please bring a printed completed copy of all pertinent forms and 2 sets of house keys to the scheduled initial consultation.

Feel free to contact us if you have any questions that this registration packet does not address. We are excited to become your trusted ally in the care and love of your pet(s).

Warm regards and wiggles,
 Shani Kiczek
 Owner/Operator
shani@saltydogpet.com
 207-891-2968



Services & Pricing Info

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Initial Consultation (Free) – Initial meeting and interview with your pet care provider from Salty Dog Pet Services, LLC. We will go over the forms in the registration packet, answer any additional questions you may have and, of course, meet your pet(s)! This visit typically lasts 30 minutes +/- . Please have two (2) copies of keys to your property to give to your pet care provider at this consultation.

Pit Stop (\$10 a la carte) – We will look in on your pet and provide whatever essential function you need us to do: potty break, medication, replenish food & water. You tell us! It will always be done with plenty of TLC. Bundle it and pay as low as \$7.50 each!

Social Call (\$20 a la carte) – 20-30 minutes of physical and mental stimulation for your pet. You design it! A walk for your dog, playtime for your cat, a conversation with your macaw, we will make sure your pet gets the attention you wish you could lavish upon them during your absence. Bundle it and pay as low as \$15 each! Extend any Social Call for \$5 every 10-minute increment
**does not apply to Pit Stop*

Long Haul (\$60 a la carte) – An overnight stay in your home while you are away at work or at play. This includes one midday Social Call for pets that require it. Overnight hours are 7/9pm to 6/7am (dogs exercised as needed during overnight hours). OR perhaps, you are going away but don't require us to stay overnight in your home, the Long Haul can also be customized to three (3) Social Calls (morning, midday, evening tuck-in). Not only is staying home in familiar surroundings less stressful for your pet, you will have less stress knowing your home is occupied and in our very responsible hands. Bundle it and pay as low as \$45 each!

Extra Pet Fee(\$5) – Applied per visit for each additional pet over two (2) in the home for which we are providing care.

Bundle It! - Buy more and save more. Any combination of a la carte items qualify.

Any 5 get a 10% discount

Any 10 get a 15% discount

Any 20 get a 20% discount

Any 30 get a 25% discount

**quantities must be purchased at the same time/discount is not applicable to previous service purchases. Must meet minimum quantity of tier to apply the discount*

No Fee Foster – If you are a current client and use any of our services for your pet(s) and decide to foster an additional pet, Salty Dog Pet Services, LLC will waive the Extra Pet Fee for one (1) additional pet provided it is a foster pet.

Client Signature _____ Date _____

Print name _____



Client Information Form

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How did you hear about Salty Dog Pet Services, LLC? _____

Primary Owner

First Name _____ Last Name _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____

Email _____

Preferred Method of Contact:(Please only check one) Home# Work# Mobile# Email

Secondary Owner *Authorized to make decisions regarding your pet

First Name _____ Last Name _____

Work Phone _____ Mobile Phone _____

Email _____

Emergency Contact **Only when Primary and Secondary contacts are unreachable

First Name _____ Last Name _____

Home/Work/Cell _____



Pet Profile Form

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Please fill out one form per pet. The more information you share means the better care we can provide!

General Info

Name of pet _____ Type (cat, dog, bird, etc.) _____

Breed _____ Color _____

Distinguishing features/markings _____

DOB/Age _____ "Gotcha" Day _____ Approx. Weight _____

Sex Male Female Spayed/Neutered Yes No

Is your pet microchipped? Yes No Chip # _____
Registry Company _____

Is your pet licensed with the town/city? Yes No License# _____

Feeding

Please describe your pet's feeding routine and portions:

Morning	Midday	Evening

Please describe your pet's behavior around food/treats/bowls: _____

Water

Drinking Water Faucet Filtered Bottled

Please inform us of anything that may be pertinent to your pet's watering needs: _____



Pet Profile Form

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Health

Please describe any allergies your pet has: _____

Please describe any known medical conditions your pet has: _____

Would you like us to administer medication/supplements to your pet? Yes* No
**If yes, please make sure to fill out the Medication Authorization Form with specific information regarding medication(s) and dosages.*

Is your pet currently vaccinated against rabies as required by law? Yes No

Other up to date vaccines administered to your pet:

Vaccine

Date

Behavior

Please answer these questions fully and honestly. These questions are NOT to disqualify your pet from our services. They are to begin shaping a profile of your pet's behavior so Salty Dog Pet Services, LLC can customize OUR behavior when providing care for your pet. The safety of both your pet and any representative of Salty Dog Pet Services, LLC is always front of mind.

Has your pet ever bitten a person or another animal? Yes No
If yes, please describe the circumstances leading up to, during and after the incident _____

Please describe your pet's behaviour towards new people _____



Pet Profile Form

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Behavior *(continued)*

How would you describe your pet's personality? _____

Does your pet have any sensitive areas that he/she does not like to be touched? Yes No
Please describe _____

Is your pet stressed by Thunder Firecrackers Men Women Other _____

Please describe any undesirable behaviors your pet displays in the home (harming furniture, eating trash, etc) _____

What is/are your pet's favorite games or toys? _____

Additional information you would like us to know about your pet _____

Client states the the pet to be cared for by S`alty Dog Pet Services, LLC is safe to be around and has not previously caused injury to any person or animal unless stated below. Any special concerns or instructions related to ensuring the safety of Salty Dog Pet Services, LLC personnel or others are listed herein:

Client Signature _____ Date _____

Print name _____



Property Access & Care Form

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Property Description

Securely Fenced Yes No
Invisible Fence Yes No

Gate working properly Yes No
Pet Door Yes No

Describe any quirks/concerns with the entry points to the property (broken latch, holes under fence, door sticks, etc) _____

Alarm system Yes No Alarm Company Name _____
Alarm Company Phone# _____

**Arming/disarming instructions will be discussed at initial consultation*

How will Salty Dog Pet Services, LLC enter the property? _____

Parking Instructions _____

Apartments

Please make sure landlords, doormen, concierge, etc are notified of our repeated presence at your home to prevent any delays in Salty Dog Pet Services, LLC accessing your property and caring for your pet(s).

Keys

At the initial consultation you will provide Salty Dog Pet Services, LLC with two (2) sets of keys to access your property. One set will be with the care provider and the duplicate will be kept securely in our office for emergency purposes. Keys will be labeled with a secure coding system and at no time will have property identification attached to the keys.

Keys will be retained with Salty Dog Pet Services, LLC until termination of agreement. If client requests to have keys returned, there will be a \$10 key handling fee incurred by client to have Salty Dog Pet Services, LLC either hand deliver them to client's home or mail certified receipt return to client's home.

Client further understands that if the services of a locksmith are required in order to access your home, client is responsible for all locksmith charges and any additional time Salty Dog Pet Services, LLC is required to wait at the home until the locksmith arrives.

Client Signature _____ Date _____

Print name _____



Veterinarian Release Form

P.O. Box 6455, Brunswick, ME 04011 207-891-2968

Pet Information

Name of pet _____ Type (cat, dog, bird, etc.) _____
Breed _____ Color _____
DOB/Age _____ Approx. Weight _____
Sex Male Female Spayed/Neutered Yes No
Known Medical Condition(s): _____

Veterinarian Information

Veterinarian _____
Address _____
Phone _____

Does this facility offers emergency service after regular hours: Yes No

After Hours Facility, If Different Than Above

Clinic Name _____
Address _____
Phone _____

During my absence, Salty Dog Pet Services, LLC will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Salty Dog Pet Services LLC permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Salty Dog Pet Services LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Hospital.

I give my permission to Salty Dog Pet Services LLC to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Salty Dog Pet Services LLC is released from liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client Signature _____ Date _____

Print Name _____



Medication Authorization Form

P.O. Box 6455, Brunswick, ME 04011 207-891-2968

Pet Name: _____ Type of Pet: _____

Health Record (Must fill out new form after each Vet Visit or when new medications are required)

Date of Last Check-up: _____ Vaccinations: _____

Known Illnesses: _____

1. Medication Information:

Name of Medication (only enter one medication here): _____

Amount Given: _____

(For additional medications, please fill out additional medication information on the next sheet)

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____ Known Side Effects: _____

Instructions for Administration: _____

Has pet been on this medication before: Yes No

Any known problems with administering: Yes No

Salty Dog Pet Services LLC agrees to administer medication to the above pet per the instructions listed in this document. Salty Dog Pet Services LLC is not responsible for any reaction pet has to medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Client agrees to hold Salty Dog Pet Services LLC harmless of any claims unless negligence has been proven. Client shall bear the burden of proving negligence is due to Salty Dog Pet Services LLC. This agreement shall remain valid until a new agreement has been filled out.

I, _____, grant permission for Salty Dog Pet Services LLC to administer medication to my pet(s) as outlined above. I have entered the above information as truthfully and accurately as possible.

Client Signature: _____ Date: _____

Print Name _____



Medication Authorization Form

P.O. Box 6455, Brunswick, ME 04011 207-891-2968

Pet Name: _____ Type of Pet: _____

Additional Medication Information:

Name of Medication (only enter one medication here): _____

Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____ Known Side Effects: _____

Instructions for Administration: _____

Has pet been on this medication before: Yes No

Any known problems with administering: Yes No

Additional Medication Information:

Name of Medication (only enter one medication here): _____

Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____ Known Side Effects: _____

Instructions for Administration: _____

Has pet been on this medication before: Yes No

Any known problems with administering: Yes No



Dog Walking Addendum

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****Absolutely NO RETRACTABLE LEASHES** will be used on dog walks. **Absolutely NO CHOKE COLLARS** will be used on dog walks. All puppies and dogs under 30lbs. walked by Salty Dog Pet Services, LLC must have a harness. Salty Dog Pet Services, LLC reserves the right to request dog parent(s) to provide appropriate walking accessories based on the walker's experience with their particular dog(s).

Does your dog know any cues that you would like us to use out on walks? Please describe. _____

Has your dog had any formal training? If so, what type? _____

Location of leashes _____

Location of cleaning supplies _____ Location of trash for dog waste _____

What commands does your dog understand? Sit Stay Down Off Wait Come
 Let's Go _____ _____

When you walk your dog and he/she sees another dog, does he/she:
 Ignore the other dog Show some interest but keep walking Wag tail in playful manner and want to play Growl and become aggressive Pull hard on the leash in an attempt to get to other dog

When you walk your dog and he/she sees a cat or other small animal (squirrel, etc) does he/she:
 Ignore the animal Show some interest but keep walking Wag tail in playful manner and want to play Growl and become aggressive Pull hard on the leash in an attempt to get it

Is there anything specific to your dog that we should know about when walking (fear of lawnmower, wants to eat the UPS guy, puts everything in mouth, etc) _____

Is it alright to give treats? Yes No

Due to the unpredictable nature of dogs, Salty Dog Pet Services, LLC cannot make a specific appointment time for your dog's walk. Please give Salty Dog Pet Services, LLC at least a 2-hour time window in which you would like us to walk your dog. _____ If your schedule varies, Salty Dog Pet Services, LLC will work with you when you make your reservation to make sure your dog gets consistent care.

Client Signature _____ Date _____

Print name _____



Pet Sitting Addendum

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Where would you like the pet sitter to sleep? _____

Where would you like the pet(s) to remain overnight? _____

Are there any rooms off limits to pet(s)? _____

Are pets allowed on furniture? Yes No

Do you want the pet sitter to answer landline phone calls at the home? Yes No

Will anyone else have access to your home while you are away? Yes No

If yes, please give their name and phone number and purpose _____

Emergency Shutoffs:

Location of circuit breaker _____

Location of main water shut off _____

Location of gas shutoff _____

- Do not alter inside lights Turn lights on/off inside Keep light on inside at night
- Turn porch light off at night Keep porch light off Keep porch light on 24/7
- Blinds open during the day & close at night Do not alter blinds

Trash Day _____ Recycling Instructions _____

Collect Mail:

Mailbox location _____ Mailbox # _____

Any other special instructions pet sitter should know _____

Client Signature _____ Date _____

Print name _____