

**Shaggy Shack Pet Resort and Spa**  
3508 224th St E  
Spanaway, WA 98387  
(253)847-2786

Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone(s) : \_\_\_\_\_  
Vet : \_\_\_\_\_ Vet Phone : \_\_\_\_\_

| PET | DOB | COLOR | BREED | SEX | DATE IN | DATE OUT | DAILY RATE |
|-----|-----|-------|-------|-----|---------|----------|------------|
|-----|-----|-------|-------|-----|---------|----------|------------|

**TERMS**

Local Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Feeding Times: \_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Dinner Amount: \_\_\_\_\_

Medications: \_\_\_\_\_

Would you like to purchase a grooming service for your dog prior to departure? Y or N  
IS YOUR PET SPAYED OR NEUTERED? Y or N

**Agreement:**

I agree to hold the owner of SSPRS, Inc harmless of any claims for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my pet while in the care of SSPRS, LLC. and I personally assume all responsibility and liability for any such claim; I further agree to hold the aforementioned party(S) harmless for any claim for damages, or injury to my pet, whether such loss, theft, disappearance, damage, or injury be caused or alleged to be caused by the negligence of the aforementioned party(is), or by the negligence of any other person, or any other cause or causes. I further agree that this agreement is binding for this and any subsequent attendance at SSPRS. LLC.

Shaggy Shack Pet Resort Inc. agrees to use due diligence in caring for your pet(S). Should the animal become ill, or seem to be in the need of medical attention, we reserve the right to administer aid and/or use any available veterinarian. Any expenses incurred shall be paid by the owner, in addition to any other fees accrued.

Owner of the animal(S) agrees or his agent agrees to pay for reasonable attorney's fees incurred by SSPRS, In. in the collection of any charges incurred by the owner of the animal or his agent.

If any charges for boarding, grooming, training, medicine or veterinary services are not paid within 10 days after they are due, or if pet is not called for within 10 days after time for return of pet, the pet may be sold within ten days after this period by SSPR publicly, privately, or otherwise for the best price available. Notice in writing of such intended sale shall be mailed by registered mail to the owner of the pet at the address given hereon, of less than 10 days before date of such intended sale, and no further notice shall be deemed necessary. Any excess amount over charges will be given to the owner, any deficiency is deemed to be due immediately paid by owner.

Owner: \_\_\_\_\_ Kennel Rep: \_\_\_\_\_

## Shaggy Shack Veterinary Release Agreement

In the event that any of my pets or 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 Shaggy Shack Pet Resort & Spa, I give permission to Shaggy Shack Pet Resort & Spa to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information form. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable when my preferred veterinary services are not available.

I request Shaggy Shack Pet Resort & Spa to inform the attending clinic or veterinarian of my requested total diagnosis and treatment financial limit of \$\_\_\_\_\_ per pet/all pets (common values are \$200, \$1,000, or unlimited & circle "per pet" or "all pets"). 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 Shaggy Shack Pet Resort & Spa 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 Shaggy Shack Pet Resort & Spa care providers to use their best judgment in handling these situations. I understand that Shaggy Shack Pet Resort & Spa and its staff assume no responsibility for the actions and decisions of the veterinary staff or the health, or death, of my pet(s) while in the veterinary staff care.

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.

I further authorize Shaggy Shack Pet Resort & Spa 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, at the site of service will be current (per my veterinarian's recommendations) on its rabies 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 Shaggy Shack Pet Resort & Spa of any signs of injury or possible illness before any visit as soon as the condition appears. Shaggy Shack Pet Resort & Spa reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Shaggy Shack Pet Resort & Spa strives to provide clean, safe service to each of our clients. In doing so, Shaggy Shack Pet Resort & Spa strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date signed below and grants permission for future veterinary care without the need for additional authorization each time Shaggy Shack Pet Resort & Spa cares for one or more of my pets. I understand that this agreement applies to all of my pets and animals within the care of Shaggy Shack Pet Resort & Spa. 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.

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Owner Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_