

Owner Last Name _____ First Name _____ Cell Phone: _____

Dog's Name(s), Breed, Weight, Color _____

POLICIES AND PROCEDURES, DOG OWNER'S AGREEMENT, FOR DOG SITTING AT PASA'S ANIMAL CARE

176 Huttleston Ave.; Fairhaven, MA 02719

Cell: 508-525-6272

These procedures are for the safety and security of our dogs, our human friends, and ourselves. As you fill out this form, please read them carefully.

Requirements: All dogs must be non-aggressive towards other dogs and humans.

- In order for your dog to stay at Pasa's Animal Care, these steps need to be completed:
1. **Call or text Pasa at 508-525-6272 to schedule a Meet'n Greet** so you can...
 2. Get a **tour of Pasa's Animal Care at 176 Huttleston Ave. (Route 6) in Fairhaven, MA.** You can also visit us at our website: www.pasasanimalcare.com or on our **facebook** page. Then...
 3. Complete and sign all required **paperwork** as well as provide proof of vaccinations.
 4. **Introduce** your dog(s). All dogs must be left and observed by Pasa for a few hours to ensure that they are both dog and people-friendly.
 5. **You have now joined the P.A.C!**

Dog Drop-Offs & Pick-ups: *All dogs must be leashed during the time of arrival and departure.*

1. **10-15 minutes prior to arrival, check in by texting or calling so we will be prepared for you when you arrive.**
2. **When you get here, ring the doorbell or text/call Pasa at 508-525-6272, then wait outside the gate or in your car for someone to come out and greet you.**

No person or dog is ever allowed beyond the front gate unless accompanied by a Pasa's Animal Care staff member. Gate must be locked at all times for security.

Possessions:

- **Required:** Collars & Leashes, labelled with dog's name
- **Optional:** Food, Treats, Toys, Bedding, labelled with dog's name
- We are not responsible for damaged or missing items

I, _____ hereby certify that **my dog(s)** _____ is/are in **good health and have not been ill with any communicable condition** in the last 30 days. I further certify that **my dog(s) have not harmed any person and or any other dog.** I have read and understand the following:

I understand and agree that Pasa's Animal Care **has relied on my representation that my dog(s) is/are in good health and have not harmed any person or other dog.**

Services: I understand that Pasa's Animal Care, LLC provides **many services**, including care and cleaning at the animal's home, which requires Pasa to leave dogs at Pasa's Animal Care location **unattended for short periods of time.** I understand and agree that during these periods of time, it is up to the sole discretion of Pasa's Animal Care to decide **if your dog(s) will be separated** from the other dogs.

I understand and agree that Pasa's Animal Care will not be liable for any problems, health conditions, illnesses, injuries, or death, which may develop including but not limited to the **following services**. I hereby release Pasa's Animal Care from any liability whatsoever, incurred of any kind, arising from:

- **attendance and participation at Pasa's Animal Care** at 176 Huttleston Ave., Fairhaven, MA.
- **transportation** by Pasa's Animal Care.
- **training, walking and/or exercising** by Pasa's Animal Care.

Photos: Pasa's Animal Care likes to take and post photos. I understand and agree that these **photos may be used** for any advertising, newsletters, social media, brochures, etc.

Appointments: I understand that Pasa's Animal Care, located at Pasa Miller's home, is open 7 days a week **by appointment only**. I understand and agree that

- *I will NOT drop off or pick up my dog(s) without advanced notice and permission.*
- *There is no admittance to Pasa's Animal Care at any time unless scheduled and someone is present to accept your dog(s) at the gate.*

Payments: I understand and agree that:

- payment is due upon completion of services,
- I will be charged the full amount for no shows or cancellations unless I give a 24 hour notice to Pasa's Animal Care,

I understand and agree that, unless prior arrangements were made with Pasa's Animal Care, I will be charged a minimum \$15 late fee for

- any pet that is not dropped off or picked up **within 30 minutes of the scheduled time**,
- any pet that stays **beyond 10 hours for day care, or 24 hours for overnight care**,
- any pet dropped off and/ or picked up **after 7:00 p.m.**
- I understand and agree that any dog that shows **symptoms of illness** or **acts aggressively** towards a human or dog will be **separated and/or sent home immediately** to prevent people and pack mates from getting ill or injured and I will be **charged for the full session**. I agree that if my dog(s) is/ are exhibiting any of the above symptoms or any abnormal behavior that I will **inform Pasa's Animal Care** to discuss **alternative services** available to care for my pet(s).

Liability: I understand and agree that **accidents can happen** and that **I am solely responsible** for any **injury to my dog or person injured by my dog** for any reason while my dog(s) is/are at Pasa's Animal Care

Emergencies: I understand and agree that **Mass RI 24 Hour Emergency Hospital** and **New England Animal Hospital** will be the main veterinary hospitals treating any **emergency health situations** including but not limited to: severe allergic reactions, poor health conditions, injuries, or any life threatening emergencies.

- I understand and agree that any **emergency health situations** which develop with my dog(s) will be treated as deemed necessary by Pasa's Animal Care at their sole discretion and **I assume full financial responsibility** for any and all expenses involved.

I understand that all of the policies and procedures listed in this agreement are subject to change at any time by Pasa's Animal Care.

I certify that I have read and agree to the above conditions and statements of this agreement.

Signature: _____

Date: _____