

# PET CONTRACT

I/WE GIVE PERMISSION FOR (PET NAME) \_\_\_\_\_ TO BE CARED FOR/PROVIDED FOR/WALKED OR EXERCISED, WITH SPECIAL NEEDS AS OUTLINED BELOW. I/WE HAVE PROVIDED THE FOLLOWING HEALTH INFORMATION AND TAKE FULL RESPONSIBILITY FOR MY/OUR PET'S BEHAVIOR AND WELLNESS.

REQUIRED: SPAYED OR NEUTERED (OVER 7 MONTHS) \_\_\_\_\_

PROOF OF RABIES VACCINATION \_\_\_\_\_

PROOF OF DISTEMPER VACCINATION \_\_\_\_\_

RECOMMENDED: WELLNESS VISIT (INCLUDING FECAL TEST) \_\_\_\_\_

FLEA AND TICK PREVENTATIVE \_\_\_\_\_

PROOF OF BORDETELLA/FELINE LEUKEMIA IMMUNIZATION \_\_\_\_\_

PET CARE SPECIAL PROVISIONS, INCLUDING SUPPLEMENTS, PRESCRIPTIONS AND PRESCRIPTION DIETS:

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PET OWNER AGREES TO HOLD HARMLESS THE CARE PROVIDER OF MY PET FOR ANY COSTS ASSOCIATED WITH ANY DAMAGE OR INJURY MY PET MAY CAUSE AND WILL HOLD HARMLESS THE CARE PROVIDER OF MY PET THE COSTS OF ANY VETERINARY CARE RENDERED FOR ANY ILLNESS OR INJURY TO MY PET THAT ARISES WHILE IN THE CARE TAKER'S CUSTODY. I/WE GIVE CARE PROVIDER PERMISSION TO HAVE MY PET ATTENDED TO BY A VETERINARIAN AT THEIR DISCRETION IN AN EMERGENCY OR IF I CAN NOT BE REACHED:

PET PARENT (SIGN AND DATE) \_\_\_\_\_

PET CARE GIVER/CAMEO KENNELS \_\_\_\_\_