

**Riley & Phoebe's Cottage LLC**

Phone: 512-987-321

Website: rileyphoebecottage.com

Email: rileyphoebecottage@gmail.com

Service Date: \_\_\_\_\_

Client(s):

\_\_\_\_\_

Address:

\_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Referred By:

\_\_\_\_\_

**Service Requested (Please circle)**

Daycare **\$35** (30 minutes to 6 hours)

Daycare **\$45** (6 to 11 hours)

Doggy Boarding **\$65** (11 to 24 hours)

Private Boarding **\$100** (11 to 24 hours)

Facetime **\$5** (up to 10 minutes per call)

Bath, Dry, & Brush **\$40**

**Pet Information Form**

#1 Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_

Male / Female

Spayed / Neutered

Breed: \_\_\_\_\_

Shots: \_\_\_\_\_

Is Pet Micro-chipped?   YES      NO

Chip#: \_\_\_\_\_

Registry Company: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Exercise/play: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications / amounts (please be specific):  
\_\_\_\_\_

Favorite games / toys: \_\_\_\_\_

Indoor / Outdoor Instructions: \_\_\_\_\_

Any behaviors or problems to be aware of:  
\_\_\_\_\_

#2 Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_

Male / Female

Spayed / Neutered

Breed: \_\_\_\_\_

Shots: \_\_\_\_\_

Is Pet Micro-chipped? YES NO

Chip#: \_\_\_\_\_

Registry Company: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Exercise/play: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications / amounts (please be specific):

\_\_\_\_\_

Favorite games / toys: \_\_\_\_\_

Indoor / Outdoor Instructions: \_\_\_\_\_

Any behaviors or problems to be aware of:

\_\_\_\_\_

**Veterinary Release**

VETERINARIAN

Hospital and Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To the Hospital:

Riley & Phoebe's Cottage LLC has been contracted to provide pet sitting services for my pet(s) and is authorized to place them in your care in the event of an emergency. Riley & Phoebe's Cottage LLC will make every effort to contact me promptly should medical treatment become necessary. However, if I cannot be reached immediately, I hereby authorize you to administer any necessary medical care to my pet(s) and agree to be responsible for all associated expenses as outlined below. Please retain this form in my pet's records.

Pet Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet(s): \_\_\_\_\_

If the above-named veterinarian is unavailable, I authorize another veterinarian within the same practice to provide care for my pet(s). If neither veterinarian is available, I grant permission for Riley & Phoebe's Cottage LLC to transport my pet(s) to the nearest animal hospital or emergency clinic for necessary treatment.

1. I give permission for Riley & Phoebe's Cottage LLC to approve treatment up to \$\_\_\_\_\_.  
(\_\_\_\_ initial)
2. I acknowledge that Riley & Phoebe's Cottage LLC assumes no responsibility for the loss of any pet and is released from all liability associated with transportation, medical treatment, and related expenses.
3. Other conditions, if any:

\_\_\_\_\_

My pet(s) has/have the following health issues:

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This consent for treatment has no expiration date unless otherwise noted.

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Client	Date
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Client	Date
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Riley & Phoebe's Cottage LLC	Date
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**PAYMENT:**

**Full payment is due at the time of drop-off, payable via Zelle or PayPal. Cash is also accepted.**

Please note that **no refunds or price adjustments will be made for early pickup**, as your dog's stay reserves a dedicated spot in our limited-capacity facility, which accommodates only 10 dogs. **Additional fees** will apply for any shopping trips required due to insufficient food or medication, as well as for transportation to veterinary appointments, grooming services, or any other requested destinations prior to your return.

**TERMINATION OF SERVICES: Riley & Phoebe's Cottage LLC reserves the right to refuse or discontinue services at any time due to safety concerns or situations deemed inappropriate or uncomfortable for our staff or other dogs.** We do not provide care for **aggressive or dangerous dogs**, or for dogs whose owners fail to provide the necessary information required to ensure their safe and proper care.

**CURRENT VACCINES**

Please ensure that a current vaccination record is on file with us, including up-to-date documentation for Parvo, Distemper, Bordetella, and Rabies.

**REFERRAL DISCOUNT POLICY:**

Refer a friend, neighbor, family member, co-worker, or associate to our services and receive a \$10 discount on your pet's next visit.