

29W516 Wilson Street
West Chicago, IL 60185
(331) 871-5100
FAX (630) 425-0600
www.ourfamilypetsittiN.com
ourfamilypetsitting@gmail.com



Necessary documents PRIOR to your first visit. Follow this easy check list:

- ☐ Email or Fax current vaccination record to include:
 - Rabies
 - Bordetella
 - Distemper/Parvo combo
 - Negative Fecal
 - Flea & Tick treatment (recommended / not required)

- ☐ Read, sign & return entire packet:
 - Guest Profile
 - Media Release
 - Absent Owner Medical Release
 - Cancellation Policy Agreement
 - 3 Waivers

- ☐ We require a 4-hour trial which costs \$20 to assess your furry loved one in an open pack environment. They are supervised and monitored during the entire stay. A photo & text update will be sent to you during the trial. Call us or use the convenient BOOK ONLINE button on our website to request your trial date & time as well as any other services such as Day Care, Grooming, Training and Boarding! www.ourfamilypetsittiN.com

Peace, Love & Wagging Tails!

Client LAST Name (parent/owner):	Client FIRST Name (parent/owner):
Home Address:	
CELL Phone that will receive pictures & updates from Our Family (one phone # per family)	
CELL Phone (secondary):	Emergency Contact & Number:
EMAIL address (primary):	Primary Vet Name & Number:
Pet 1 Name:	Pet 2 Name:
Pet 1 Breed:	Pet 2 Breed:
Pet 1 Weight:	Pet 2 Weight:
Spayed / Neutered: Yes or No	Spayed / Neutered: Yes or No
IF BIRTHDAY IS UNKNOWN PLEASE PROVIDE BEST GUESS SO WE CAN CELEBRATE!	
Pet 1 Birthday:	Pet 2 Birthday:
Pet 1 Gender:	Pet 2 Gender:
Pet 1 Allergies:	Pet 2 Allergies:
Pet 1 NOTES: (use back side if needed)	Pet 2 NOTES: (use back side if needed)

Signature of client (parent/owner)

Date





Release Form for Media Recording

Our Family Pet Sitting enjoys taking photos and videos of our visits and as a complimentary service we provide families a daily photo via text message regarding their pets' well-being.

I, the undersigned, do hereby consent and agree that Our Family Pet Sitting, its owners, employees, or agents have the right to take photographs, videotape, or digital recordings of my pets, to use these in any and all media, now or hereafter known. I further consent that my pets' first name only may be revealed therein or by descriptive text or commentary.

I do hereby release to Our Family Pet Sitting, its owners, agents, and employees all rights to exhibit this work in print and electronic form publicly or privately to promote business and create client testimonials. I waive any rights, claims, or interest I may have to control the use of my pets' photos in whatever media used. Our Family Pet Sitting agrees that if I provide a request in writing to stop publication of my pet's photos they will respectfully comply.

I understand that there will be no financial or other compensation for recording my pets, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Helly L. Upman

Witness for the undersigned

Signature

Date

Pets Names:

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ABSENT OWNER CONSENT FORM MEDICAL RELEASE

To be filled out by the owner in case their pet(s) need(s) emergency treatment during their stay.

Owner Name:	
Pet (s) Name (s):	
Phone Number:	
Address:	
Contact Number (s) while you are away:	
Special information we need to know about your pet:	

Please check one of the following statements:

☐ The agent above is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care. They will make every effort to contact me regarding veterinary care.

☐ The agent above is responsible for my pet(s) while I am away. For decisions regarding veterinary care, I wish to be contacted. If I cannot be reached, I appoint the following person to act on my behalf:

Owner (client) Signature:

Date

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WAIVER, HOLD HARMLESS, & RELEASE OF INDEMNITY AGREEMENT

Please understand this is precautionary only. Our Family prides itself on the constant attention and supervision given to each client. However, Pets are unpredictable at times. We will contact you immediately if anything should happen to your loved one during his/her time with us and will provide immediate and superb care if needed.

Owner's Name: _____

Pet(s) Name(s): _____

The Agreement between OUR FAMILY PET SITTING, LLC and OWNER is as follows:

OWNER understands there maybe risks involved with their Pet attending a day care facility. OWNER agrees to be solely responsible for all acts and problems attributed to their Pet at any time during the term of this Agreement, including but not limited to any medical bills which may be incurred as a result of the behavior of their Pet. In no case shall OUR FAMILY PET SITTING, LLC be liable for the OWNER'S Pet's acts and behaviors other than for the exercise of gross negligence on the part of OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees, in the keeping of their Pet.

OUR FAMILY PET SITTING, LLC will always exercise responsible, usual and ordinary care of all of the Pets in their possession and control. OUR FAMILY PET SITTING, LLC shall not be under any obligation to guard against injuries which it has no reason to expect to occur because of the disposition of an individual Pet.

OUR FAMILY PET SITTING, LLC has agreed to provide superior attention and day care boarding to the OWNER and its Pet. OWNER agrees to disclose any and all tendencies of their Pet to OUR FAMILY PET SITTING, LLC including but not limited to food allergies, tendencies to bite, attack or scratch, any mischievousness, vicious or violent behaviors, or any other condition which might affect their Pet or the Pets of other Owners. OWNER also understands their Pet may be grouped with other dogs in a social environment. OWNER agrees to be solely responsible for all acts of their Pet during the term of this Agreement and, if appropriate, liable for any damages their Pet causes to any other Pet or person including but not limited to medical bills, veterinary bills, or any other liability which may occur. OWNER agrees OUR FAMILY PET SITTING, LLC shall not be liable to OWNER or any other third party which may result from the behavior, actions or damages caused by OWNER'S Pet except for gross negligence on the part of OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees in the keeping of the Pet.

OUR FAMILY PET SITTING, LLC shall not be held liable and OWNER shall hold OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees harmless and indemnified thereon for any claims, damages, injuries, cause of action, death, medical bills, veterinarian bills, or other costs and expenses whatsoever OUR FAMILY PET SITTING, LLC or any other third party may incur as a result of the Pet's actions during the time the Pet is on the property of OUR FAMILY PET SITTING, LLC. The parties specifically agree any gross negligence or intentional act of OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees is specifically excluded from this Agreement.

Owner (client) Signature:

Date

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Liability Waiver for personal belongings

I, _____, am fully aware that Our Family Pet Sitting LLC assumes no responsibility or liability for any personal items I choose to leave here with my dog.

I understand that Our Family Pet Sitting LLC RECOMMENDS that I ONLY bring food, medication and treats for my pup because they provide clean beds, blankets, toys, bowls and other necessities.

By signing below, I agree to the fact that if I choose to have Our Family Pet Sitting LLC take my personal belongings, I recognize that I may not receive them in the same condition, or they may be lost, broken and not returned to me.

I understand that Our Family Pet Sitting LLC advised me against this and will assume no responsibility for these belongings.

Signature of Client (owner): _____

Name of dog (s): _____

Date: _____

Staff Signature: _____



Non - Spayed & Neutered dogs

Our family pet sitting, LLC does not turn away non-spayed and non-neutered dogs. Here is our policy.

Spot won't need to ask the owner if that dog is intact, nor will he have to take a peak under to check for any missing parts. His nose, just knows. How? **Intact males have a different smell than other dogs.** Indeed "intact males retain the ability to mate and give off the scent of male, which can be considered a threat to neutered males" explains trainer and behavior consultant *Karen Fazio*. The hormone testosterone is what gives a dog his "maieness" scent. Interestingly, when dogs reach 10 months, there's a peak in this smell as testosterone levels in the adolescent male dog may be five to seven times greater than the levels of an adult!

This "male" scent may cause neutered dogs to react negatively towards them causing tension and even aggressive displays. When an intact male enters a dog park, you can almost feel tension in the air. There is belief that neutered dogs, on the other hand, seem to smell quite similar to females, yet it would be interesting to know if there's any actual proof of this. How can we know if we can't ask dogs?

Your pups receive 24 hour supervision while visiting Our Family Pet Sitting; however you will need to sign this waiver releasing OUR FAMILY PET SITTING, LLC from ALL liability, and OWNER shall hold OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees harmless and indemnified thereon for any claims, unwanted pregnancies, damages, injuries, cause of action, death, medical bills, veterinarian bills, or other costs and expenses whatsoever OUR F AMILY PET SITTING, LLC or any other third party may incur as a result of the Pet's actions during the time the Pet is on the property of OUR FAMILY PET SITTING, LLC. The parties specifically agree any gross negligence or intentional act of OUR FAMILY PET SITTING, LLC, its officers, owners, agents and/or employees is specifically excluded from this Agreement.

Owner's Information and agreement to terms:

Signature	Date	Email
Signature	Date	Email

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CANCELLATION POLICY

Our Family Pet Sitting makes every effort to accommodate each guest during the time(s) they need care for their furry family members.

We require that you pay your entire invoice in full at time of booking or have an active credit card on file that we will charge to hold your room. Your reservation is not guaranteed until your invoice is paid in full. After one week of non-payment your reservation may be canceled and your room may be offered to another guest.

Modifications or cancellations that occur 7 days or more from expected day of drop off are fully refundable. Notice less than 7 days from expected date of drop off will incur a one-night boarding fee per dog plus any applicable holiday rates. Even in the event of injury or illness the cancellation fee will still be charged.

If you choose to pick up your pet early you forfeit the balance of the stay. There are no refunds or credits returned to you, and no ability to add it as credit to the account to be used at a later time.

We operate very much like a hotel. There is a check in time (after 6:30am) – and a check out time (either before noon OR before 7pm).

If you are able to pick up your furry family member before NOON on the last day of their stay, there will be no additional charge for day care.

If you pick up your furry family member AFTER NOON (even by a few minutes) you will incur a doggie day care fee plus any applicable holiday rates per dog. This allows you the ability to utilize our resort until 7pm. Due to license & staff restrictions we hold strict to our 7pm pick up time and do not allow for any pick ups after 7pm. After 7pm your dog will be boarded an additional night and charged accordingly.

Please do not ask our staff to go against our policy. We created this policy the day we opened and it has never changed. The admin team does not have the authority to waive these fees. As owners, we are constantly checking our competition and we are confident our policy is both fair and lenient.

Doggie Day Care days that are cancelled will not be refunded, however they will remain as credit on your account for use at a later date. **Doggie Day Care, VIP & Training packages are non-refundable.**

Signature of Pup Parent

Date

Printed name of Pup Parent