Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? \_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Veterinary Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Pet’s Name #1 | Pet’s Name #2 | Pet’s Name #3 (use backside for additional pets) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Species/Description/Color | Species/Description/Color | Species/Description/Color |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Male/Female | Male/Female | Male/Female |

I, certify that I am the owner of above pet(s). I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Sarah D. Freudenthal (SF), Timber Ridge Pet Services (TRPS), and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my pet’s participation with SF and/or TRPS. I, herby authorize Sarah D. Freudenthal to secure medical treatment at my expense for the above pet(s) as necessary while being pet sat. I understand that my pet(s) will be given the best possible care. I understand my pet(s) will be taken to my Veterinary Clinic, which is on notice of my pet(s) caretaking, if possible. If SF is unable to utilize my regular clinic for any or all reasons listed: After business hours; Distance; Emergent situations, I understand my pet(s) will be taken where and when SF can receive medical care for my pet(s), at my own expense. In the event of abandonment (failure to arrive home on said date, or to contact SF within 3 days of said date), I understand that SF will provide due diligence to contact the emergency person listed above. In the event SF is unable to reach said person, or that person will not assume guardianship of my pet(s), the ownership of the above pet(s) will revert to Sarah D. Freudenthal.

**\*OWNER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_​\_\_\_\_**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ AM PM End Date: \_\_\_\_\_\_\_\_\_\_\_\_ AM PM Visits/Day\_\_\_\_\_\_\_

Total Visits: \_\_\_\_\_\_\_\_ Total Pets: \_\_\_\_\_\_\_\_\_ 30min / 60min **Cost per Visit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Services/ Medication(s) per DAY** (All pets combined): List all add. on back or separate sheet  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Balance: (Due upon completion of services) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**