



Home Away From Home Pet Care, llc tm
512-677-0016

M-F: 7:30 am to 10:00 am
3:00 pm to 6:00\* pm
Sat & Sun: 5:00 pm to 6:00\* pm
\*1/2 nights' fee applies for ALL afternoon
& weekend pick ups

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Your Name[s]: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Wk # \_\_\_\_\_

Pet(s)Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Nuetered or Spayed: Yes No\*\*

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Pricing: \$30 per night Dogs [multiple pricing may be available per request], \$20 per night Cats, \$20 day daycare Dogs [package pricing may be available]

\*\*Please Note\*\*: All un-spayed and un-neutered as well as pets needing isolation and any pets with extreme special needs, will be charged an additional \$10.00 minimum per night, per animal. These pets require a lot of extra care and time and we want to provide the best services possible to all borders.

Is your pet on Heartworm/Flea/Tick prevention? Yes No --- What Brand(s) \_\_\_\_\_
HAFH will not be responsible for infestation of heartworms or fleas.

Date your pet(s) last received Dogs - Bordetella: \_\_\_\_\_ Cats - Feline Leukemia: \_\_\_\_\_ All other Shots current? Yes No

Emergency Number or Local Contact (Friend of Family) for you: \_\_\_\_\_

Your Vets Name, Number & Location: \_\_\_\_\_

What Brand of food do you feed? \_\_\_\_\_ How much \_\_\_\_\_ X's per day \_\_\_\_\_

Is your Pet on any type of Medication or Supplements or have any Special Needs? Yes No Please leave full instructions if Yes\*\*

Emergency Care

No one expects anything too happen but that's usually when it does. In case of this, I need a dollar amount you will be willing to spend on emergency care if you can not be reached and care is needed right away.

\*\* Initial\*\* I agree to emergency Care \_\_\_\_\_ Exceptions: \_\_\_\_\_ Amount: \_\_\_\_\_

If your Vet is unreachable, We will use ANY available Georgetown Vet or Emergency Vet if Necessary.

Terms & Release

I agree to pay in full via cash or check at time of pick up, when my pet/pets are released from the boarding facility. This includes any additional fees due for emergency services or medical treatments you agreed to, as well as any other service that may have been deemed necessary (per their discretion if you are unreachable) for emergency care per your specified amount and above signature or initials.

I understand that Home Away From Home Pet Care will use every reasonable precaution to prevent escape, injury, illness or harm of my pet(s) as well as to those of others placed in their care. Home Away From Home Pet Care will not be held liable or responsible in any manner for illness, injury, escape or destruction that happens beyond their control.

\*\*\* I have read, fully understand and agree to Home Away From Home Pet Care's Boarding Agreement and Conditions\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call for address and with any other questions. To keep paper to a minimum, We will gladly email a list of references and in depth forms per your request.

How did you hear about us? [ ]Internet [ ]Phone Book [ ]Austin Pets Directory [ ]Better Business Bureau [ ]Veterinarian [ ]Chamber of Commerce [ ]Referral [ ]Other: \_\_\_\_\_