tlc pethaven.com
68 US Route 146, Sutton, MA 01590
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GROOM | BOARD | DAYCARE

Boarding, Daycare & Grooming Services Agreement

Please read carefully. This agreement applies to the services selected for the pet(s) identified below.

Client Name		**Effective Date**	
Pet Name(s)		**Primary Phone**	

1. OWNER AUTHORITY AND ACCURATE INFORMATION

I confirm that I am the owner of the pet(s), or am authorized to act for the owner. I will provide complete and accurate information about each pet's health, medications, behavior, feeding needs, and emergency contacts, and will promptly report any changes before future visits.

2. HEALTH, VACCINATIONS AND COMMUNICABLE ILLNESS

- Each pet must meet TLC Pet Haven's current health and vaccination requirements. I confirm that required rabies vaccination is current unless a lawful veterinary exemption applies, and I will provide records when requested.
- To the best of my knowledge, my pet is free from contagious illness and has not recently been exposed to one. TLC may refuse service, isolate a pet, or require veterinary clearance when symptoms or exposure concerns are present.
- Vaccines and reasonable sanitation reduce risk but cannot eliminate all exposure to respiratory, gastrointestinal, skin, or parasitic illness in a shared animal-care environment.

3. MEDICATIONS, SENIOR PETS AND SPECIAL NEEDS

- Medications must be provided in original labeled containers with clear written instructions. I authorize TLC to administer only the medications and care instructions I provide, subject to staff capability and facility policy.
- Very young, senior, anxious, disabled, or medically fragile pets may experience added stress or may have a dormant or existing condition worsen while away from home. TLC will use reasonable care but cannot guarantee that complications will not occur.

4. BEHAVIOR, HANDLING AND GROUP ACTIVITIES

- I will disclose any bite history, aggression, resource guarding, escape behavior, fence climbing, digging, destructive behavior, ingestion of foreign objects, or handling sensitivity.
- TLC may separate my pet, remove the pet from group play, modify activities, use reasonable safety restraints, or discontinue a service when staff believes it is necessary for safety or welfare.
- I am responsible for reasonable costs, property damage, or third-party injury caused by my pet, except to the extent caused by TLC's negligence or misconduct.

5. EMERGENCY VETERINARY CARE

If TLC reasonably believes veterinary care is needed, I authorize TLC to attempt to contact me and my emergency contact, transport my pet to my veterinarian or another licensed veterinary provider, and obtain treatment reasonably necessary to evaluate, stabilize, or protect my pet. I am responsible for all veterinary, medication, transportation, and related expenses. A separate Emergency Veterinary Care Authorization may provide additional instructions or limits.

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Continued - please initial the acknowledgments and sign below.

6. INHERENT RISKS AND LIMITATION OF LIABILITY

I understand that boarding, daycare, grooming, transportation, and interaction with people or other animals involve inherent risks, including stress, escape attempts, communicable illness, scratches, bites, sprains, minor wounds, allergic reactions, and aggravation of pre-existing conditions. TLC is not responsible for loss, injury, illness, or death resulting from an inherent risk, an undisclosed condition or behavior, or an event beyond TLC's reasonable control, except to the extent caused by TLC's gross negligence, willful misconduct, or other liability that cannot legally be waived.

7. PERSONAL PROPERTY AND SERVICE RESULTS

- TLC will use reasonable care with leashes, bedding, toys, carriers, food containers, and other personal items, but is not responsible for normal wear, damage, or loss caused by a pet or another animal.
- Grooming and care results can be affected by coat condition, matting, behavior, health, and the pet's tolerance. TLC may modify or stop a service when continuing would be unsafe or inhumane.

8. CHARGES, CHECKOUT AND UNCLAIMED PETS

I agree to pay all charges when due, including extended-stay, late pickup, veterinary, transportation, special-care, or damage-related charges that are permitted by this agreement. If I do not pick up my pet as scheduled, care charges will continue. After reasonable attempts to contact me and provide notice, TLC may contact animal control or another proper authority and take any action permitted by applicable law. I remain responsible for unpaid charges and reasonable costs incurred for the pet's care.

9. ONGOING AGREEMENT AND POLICY UPDATES

This agreement remains in effect for future services until I revoke it in writing or TLC replaces it with a newer agreement. I will update TLC whenever my contact information or my pet's health, medication, behavior, ownership, or care needs change. Current facility policies, service rules, pricing, and vaccination requirements also apply when communicated to me.

ACKNOWLEDGMENTS

☐ I have reviewed the information above and had an opportunity to ask questions.
☐ I have completed or updated the Client & Pet Information Form.
☐ I have completed or updated the Emergency Veterinary Care Authorization.

By signing, I acknowledge that I understand and accept this agreement. Electronic and handwritten signatures are equally valid to the extent permitted by law.

Owner/Authorized Agent Signature		**Date**	
Printed Name		**TLC Representative / Date**	

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Client & Pet Information Form

Page 1: Household and contact information. Complete pages 2-3 separately for each pet receiving services.

CLIENT CONTACT INFORMATION

Primary Owner		**Preferred Phone**	
Secondary Owner		**Secondary Phone**	
Street Address		**City / State / ZIP**	
Email		**Preferred Contact**	☐ Call ☐ Text ☐ Email

EMERGENCY CONTACTS AND AUTHORIZED PICKUP

Emergency Contact 1		**Phone / Relationship**	
Emergency Contact 2		**Phone / Relationship**	
Authorized Pickup 1		**Phone**	
Authorized Pickup 2		**Phone**	

TLC may require photo identification before releasing a pet to anyone other than the primary owner.

VETERINARY INFORMATION

Veterinary Clinic		**Clinic Phone**	
Veterinarian		**City / Town**	

HOUSEHOLD PET ROSTER

Pet Name	Species	Breed	Sex	Spayed/ Neutered	DOB / Age	Approx. Weight	Color / Markings
			☐ M ☐ F	☐ Yes ☐ No			
			☐ M ☐ F	☐ Yes ☐ No			
			☐ M ☐ F	☐ Yes ☐ No			
			☐ M ☐ F	☐ Yes ☐ No			

HOW DID YOU HEAR ABOUT US?

☐ Friend or family ☐ Veterinarian ☐ Website / online search ☐ Social media
☐ Drive-by / signage ☐ Returning client ☐ Community event ☐ Other: _____

CLIENT CERTIFICATION

I certify that the information on this form is accurate and authorize TLC Pet Haven to rely on it when caring for my pet(s). I will notify TLC of changes before a future visit.

Client Signature _____ **Date** _____

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Pet Care Profile

Pet Name		**Species / Breed**	
Owner Name		**Visit / Start Date**	

DAILY FEEDING INSTRUCTIONS

☐ Owner is providing food
☐ TLC house food is approved
☐ Treats/cookies are approved
☐ Feed separately from housemate(s)

Food Brand / Type		**Food Storage**	☐ Room temp ☐ Refrigerate ☐ Freeze

Time	Food / Amount	Instructions or Notes

If your pet is not eating, what may TLC offer? *Examples: approved canned food, cheese, rice, or another owner-approved add-in.*

MEDICATIONS AND SUPPLEMENTS

Provide all medications in original labeled containers. Use a separate medication sheet if more space is needed.

Medication / Supplement	Strength	Dose	Time / Frequency	Administration / Special Instructions

MEDICAL HISTORY AND CARE NEEDS

Food allergies or sensitivities

Other allergies or sensitivities *Examples: grass, bedding, shampoos, chemicals, medications.*

Current or past medical conditions, injuries, surgeries, or recurring concerns *Include seizures, diabetes, heart/thyroid issues, arthritis, skin/ear issues, hot spots, limping, or digestive problems.*

☐ Hearing impairment
☐ Vision impairment
☐ Mobility limitation
☐ Requires frequent bathroom breaks
☐ Activity restriction
☐ Recent veterinary care

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Pet Behavior & Service Profile

Pet Name		Owner Name	

BEHAVIOR AND SAFETY HISTORY

Question	Yes / No	Details, Triggers or Management Instructions
Has your pet ever bitten or injured a person?	☐ Y ☐ N	
Aggressive, reactive, or fearful around unfamiliar people?	☐ Y ☐ N	
Aggressive or reactive around dogs or other animals?	☐ Y ☐ N	
Protective of food, treats, toys, space, or a person?	☐ Y ☐ N	
Likely to jump/climb fences, dig, bolt through doors, or escape confinement?	☐ Y ☐ N	
Known to ingest rocks, bedding, toys, woodchips, or other objects?	☐ Y ☐ N	
Separation anxiety, destructive behavior, or self-injury risk?	☐ Y ☐ N	

FEARS, HANDLING AND COMFORT

Fears or triggers and the pet's typical reaction *Examples: thunder, loud noises, men, hats, dryers, nail trims, crates, touch near ears or feet.*

What helps your pet feel safe or calm?

☐ Comfortable in a crate/kennel ☐ May share space with household pet ☐ Requires separate feeding
☐ May have bedding from home ☐ May have approved toys ☐ May receive normal affection/handling

DAYCARE, SOCIAL AND GROOMING PREFERENCES

☐ Group play may be considered ☐ Individual activity only ☐ Comfortable with small dogs
☐ Comfortable with large dogs ☐ Comfortable with cats ☐ No interaction with other animals

TLC makes the final decision about group placement and may change or stop group activity at any time for safety or welfare.

Grooming instructions, coat concerns, matting, skin/ear issues, or handling sensitivities

Anything else we should know to care for this pet safely and comfortably?

OWNER CERTIFICATION

I certify that this pet profile is complete and accurate. I understand that undisclosed health or behavior information may place my pet, other animals, or staff at risk. I will provide updates before future services.

Owner/Authorized Agent Signature _____ **Date** _____

Printed Name _____ **TLC Staff Review / Date** _____

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Emergency Veterinary Care Authorization

This form gives TLC Pet Haven instructions for obtaining veterinary care when you cannot be reached.

CLIENT, PET AND VETERINARY INFORMATION

Owner / Agent		**Primary Phone**	
Pet Name(s)		**Secondary Phone**	
Primary Vet Clinic		**Clinic Phone**	
Emergency Contact		**Emergency Phone**	

AUTHORIZATION TO TRANSPORT AND OBTAIN CARE

If TLC Pet Haven reasonably believes my pet needs veterinary evaluation or treatment, I authorize TLC to transport my pet to the primary veterinarian listed above, another licensed veterinarian, or an emergency veterinary hospital. TLC will make reasonable efforts to contact me and my emergency contact, but care needed to evaluate or stabilize my pet does not have to be delayed while contact attempts are made.

I authorize the treating veterinarian to examine my pet, perform diagnostics, provide medication, and provide treatment reasonably necessary to stabilize my pet, relieve pain, prevent further harm, or protect other animals and people. I also authorize the veterinarian to release relevant medical information to TLC for continuity of care.

FINANCIAL AUTHORIZATION

I accept responsibility for all veterinary, medication, transportation, and related charges. Select one:

☐ No preset limit. Use reasonable veterinary judgment and continue attempts to reach me.

☐ Authorize up to $_____ before additional approval is required. If I cannot be reached, the veterinarian may still provide care reasonably necessary to stabilize my pet or prevent avoidable suffering.

Payment / Account Notes		**Pet Insurance**	

END-OF-LIFE DIRECTION - SELECT AND INITIAL ONE

☐ INITIAL _____ I authorize humane euthanasia only if the treating veterinarian determines that my pet is experiencing severe or unrelievable suffering, recovery is not reasonably expected, delay would be inhumane, and reasonable efforts to reach me and my emergency contact have been unsuccessful.

☐ INITIAL _____ I do not authorize euthanasia without my direct consent. I understand that this may limit options if I cannot be reached and my pet is suffering.

RELEASE, DURATION AND REVOCATION

I release TLC Pet Haven and its staff from liability for good-faith decisions, transportation, and actions taken within this authorization, except to the extent caused by negligence, gross negligence, willful misconduct, or liability that cannot legally be waived. This authorization remains valid for future visits until I revoke it in writing or replace it with a newer form.

Keep your contact information, emergency contacts, veterinarian, financial limit, and end-of-life direction current. TLC may request a new authorization when information changes.

Owner/Authorized Agent Signature	_____	**Date**	_____
Printed Name	_____	**TLC Representative / Date**	_____