



2026 Creature Comforts Shuttle Form

Please complete for **Each** pet transported and for **Each** visit (**One sheet per pet please**)

Owners Full Name: _____ Date: _____ 2026

Pet's Name: _____ Canine Feline Other Male Female Fixed? Yes No

Breed: _____ Color: _____ Wt. _____

Any recent vomiting or diarrhea, coughing or sneezing, heat cycle, health issues, illness, injury, or recent surgeries?

Yes No If Yes please explain: _____

Any special notes, health problems, fearful reactions, likes or dislikes, aggression/bite history, destructive behavior, etc.?

Yes No If Yes, please explain: _____

Date of Pick Up: S M T W Th F S ____/____/2026	Date of Drop Off: S M T W Th F S ____/____/2026
Time of Pick Up: (Pick up is within a 30-min Window) Time: _____	Time of Drop Off: (Pick up is within a 30-min Window) Time: _____
Name of person available at Pick Up: (Person(s) MUST be 18 or older and able to walk the pet to the Shuttle) _____	Name of person available at Drop Off: (Person(s) MUST be 18 or older and able to walk the pet from the Shuttle) _____

Address of Pick Up: Address: _____ _____ City: _____ State and Zip Code: _____ Notes: (Side Door, Left Aptment, Ring Doorbell Please) _____	Address of Drop Off: Address: _____ _____ City: _____ State and Zip Code: _____ Notes: (Side Door, Left Apartment, Ring Doorbell Please) _____
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Miles from Creature Comfort: (10 Miles Included) _____ Additional Miles: (\$1.25 per adl mile) _____	Miles from Creature Comfort: (10 Miles Included) _____ Additional Miles: (\$1.25 per adl mile) _____
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*****Please Read****

Rates are per mile with the first 10 miles included. Additional miles are billed at a rate of \$1.25.
Pick-up/Drop-Off appointments are scheduled during lobby hours with the appointment scheduled within a 30-minute window. An adult over the age of 18 MUST be present to hand over or receive the pet. A copy of each individual pet's check-in form and shuttle agreement MUST be on file prior to the day of pick up.

Lobby hours are 7am - 7pm, Mon-Fri, Saturday 9-4, and Sunday 12-4. Please note we close the lobby from 12:00- 1:30 Mon-Sat.
All Shuttles **MUST be Scheduled in Advance** 48hr prior to scheduled pick-up/drop-off otherwise the shuttle will be considered and billed as an Emergency Shuttle.
Cancellations are permitted up to 24 hours during non-holiday times. Cancellation during holidays requires 72 hours' notice.

All shuttles MUST be pre-paid and your balance be current in order for the shuttle to occur. This means that a deposit PLUS shuttle fee must be made prior to shuttle pick up, and that the entire boarding be paid in full prior to shuttle drop off. Payment can be submitted via the PetExec app of in person during our Lobby Hours.
Please read the full agreement for details and clarification.

Client/Staff Initials: _____

1. **Owner understands and agrees that the pet will be exchanged with Creature Comforts Staff in driveway or yard and understands that staff will not be entering the home, garage, kennel, or other parts of the property.**
2. **Owner understands and agrees that the pet will be transported inside a crate at all times while in the Creature Comforts Shuttle. Pets will not be placed on seat benches or buckled in at any time during transport.**
3. **Owner understands that they will be charged for cleaning and or repair/replacement for any Fecal, Urine Vomit, Blood, or any destroyed company property such as transport crates or bedding.**

Items Transporting with Pet: Please label all belongings!

Leash/Collar/Harness Carrier Blankets Toys Bed Snacks Medications

Did you Pack all the food your Pet will need for their stay? Yes No Individual Meals MUST be pre-bagged.

Other: _____

Does your pet need a meal when they arrive at the facility?

Yes! Breakfast Lunch Dinner No! They already ate.

Does your pet need a dose of their medication when they arrive at the facility?

Yes! _____ No! Dosage was already given.

*****Emergency Shuttle Policy****

Creature Comforts considers any shuttle service needed that has not been prescheduled 48 hours ahead of time as an "Emergency Shuttle". This can include last-minute schedules for pick-up/drop-off due to flight delays, or for any urgent medical reason where Creature Comforts transports the pet to a veterinarian for care. All Shuttle rates are per mile with the first 10 miles included, with additional miles are billed at a rate of \$1.25. For Emergency Shuttles an additional \$75 is billed.

In the case of an emergency shuttle needed for the pet to seek urgent medical treatment, Creature Comforts will contact the owner and/or their emergency contact to review next steps and confirm the clinic address and info. Clients are directly responsible for payment and communication with the vet once the pet leaves the facility. Creature Comforts will transport the pet to the vet BUT will NOT be making any decisions or authorize any treatment/diagnostic work. Creature Comforts may leave the pet with the Veterinarian and return at a later date/time to pick up. Should staff need to stay at the clinic with the pet an additional charge of \$39 per hour will be billed.

Emergency shuttles MUST be pre-paid, and your account balance be current in order for the shuttle to occur. Payment can be submitted via the PetExec app or in person during our Lobby Hours. Please see staff for details and clarification.

Client/Staff Initials: _____

Emergency Shuttle Office Use Only:

<p>Name and Address of Vet Clinic Pet is Shuttled to:</p> <p>_____</p> <p>_____</p> <p>City and Zip Code: _____</p>	<p>Does Shuttle driver have a copy of pet's current vaccines and client information? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does Shuttle driver have a copy of pet's scorecard and/or information on pets care while in facility (i.e. Eating and potty habits, current meds etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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I certify that I have read and understand the Shuttle Services Agreement and Policies of Creature Comforts Pet Resort as outlined in the Pet Services Agreement and I agree to abide by these policies and accept all the terms of this agreement, for all dates reserved, services, and fees associated with Creature Comforts policies.

Owners/Representative Signature: _____ **Date:** _____ **2026 V2**