

Pet Pals of Atascocita Service Contract

Humble, TX 77346
832-969-7341
petpalsfatascocita.com

CUSTOMER INFORMATION

Name:		
Address:		
Home phone:	Cell phone:	Business phone:
Email address:	Subdivision:	
Emergency Contact Name:	Emergency Contact phone:	
Preferred Contact Method:		
Vet Name:	Phone:	
Vet Address:	Pet Carrier Available?	
Date & time leaving town:	Date & time returning:	
Date of appointment:	# of visits per day:	Preferred time(s):
Alarm? Y N Code:	Password:	Company:
Arm:	Disarm:	
Anyone else with key or access home? Y N	Name:	Phone:

PET CARE INFORMATION

NAME	AGE	M/F	BREED	COLOR	S/N	AM DIET	PM DIET	MEDS

Food/treats location:	
Fears/behaviors:	Favorite place(s) in home:
Daily exercise:	Current on shots? Y N
Litter box location:	Cleaning supplies location:
Will pet care responsibility be shared with anyone else during your absence? Y N (if yes, name?)	
Will anyone else be entering the home/premises while under our care? Y N	
Pet Pals of Atascocita has permission to use photos of my pet: Y N	

HOME CARE INFORMATION

Water plants Y N	Alternate curtains/blinds? Y N
Pick up newspaper? Y N	Take out garbage? Y N (days?) _____
Alternate lights? Y N	Other _____
Pick up mail? Y N (mailbox#/location)_____	Where did you hear about Pet Pals? _____
2 keys received/tested Y N	
Key return instructions: _____	

PET SITTING CONTRACT

TERMS & CONDITIONS

1. The initial term of this contract shall be from _____ through _____. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visits.
2. Rate quoted is \$ _____ X _____ (#of visits) = _____ (Total fee). Any additional visits made or services performed shall be paid for at the agreed contract rate.
3. Pet Sitter is authorized to perform care and services as outlined on this contract. Pet Sitter is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatment, or expense. Should specified veterinarian be unavailable, Pet Sitter is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Pet Sitter for expense incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet sitter will be held harmless for consequences related to such decisions. **Additional plans need to be made by owner for evacuation of pets in the event of a hurricane.**
5. Client understands that this contract also serves as an invoice and takes full responsibility for PROMPT payment of fees upon completion of services contracted.
6. All pets are to be currently vaccinated.
7. The owner has informed Pet Pals if the pet(s) has/have a history of aggression or biting. Pet Sitter reserves the right to terminate this contract at any time before or during its term if Pet Sitter determines that a danger exists to the health or safety of the Pet Sitter. If concerns prohibit Pet Sitter from caring for pet, Client authorizes pet to be placed in a kennel, with all charges to be charged to client.
8. Pet Pals and its staff cannot be held responsible for any mishaps, claims, and/or expenses attributed to the destructive or unpredictable behavior of the client's pet(s) that cause damage to the clients' home/property and/or a neighbors' home/property (i.e., biting, furniture damage, accidental death, etc.) except those arising from negligence on the part of Pet Pals.
9. If any friends/neighbors/family members will be entering your home while it is under our care, Pet Pals and its staff must be notified in advance. Pet Pals will cease all service to a home where it is discovered that Pet Pals has not been properly informed that another person has permissive access. Pet Pals will not be held responsible for any damages incurred to your home or pet(s) by said visitors.
10. Client authorizes this signed contract to be valid approval for future services provided by this contract permitting Pet Sitter to accept telephone/email reservations for service and enter premises without additional signed contracts or written authorization.

I have reviewed this Service Contract for accuracy and understand the contents of this form.

_____ Date _____ Client Signature _____ Pet Sitter Signature

Keys

Pet Pals prefers to keep a copy of client keys on file to simplify arrangements for future visits and scheduling key pick-ups/returns, and to avoid unnecessary key pick-up charges.

_____ I release a copy of my house keys to Pet Pals to retain on file for future services. I may revoke this release at any time and expect my keys to be returned to me upon such revocation.

_____ I would like Pet Pals to return my house keys after the current service is completed. I understand there will be a \$7 charge to pick up the key again for future services I may request.

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require urgent treatment during your absence and we are unable to contact you at the time. Should you change Vets please notify PetPals of Atascocita before service dates. Every effort will be made to contact you before obtaining emergency care.

Client Name: _____

To Whom It May Concern: I have contracted for services from PetPals of Atascocita and its representatives to act on my behalf to transport and request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

Special Instructions: _____

PetPals of Atascocita reserves the right to utilize the services of any available veterinary clinic. If time permits, PetPals will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic: _____

Telephone: _____

I authorize you to treat my pet(s), and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature

Date Signed