

Your Pet's Best Friend

Client Information Sheet

OWNER INFORMATION

Name(s): _____

Address: _____ City: _____ Zip: _____

Home Number: _____ Cell Number: _____

Work Number: _____ Email Address: _____

HOME INFORMATION

Will anyone outside the family have access to the home? **Yes** or **No**

Details: _____

Does the newspaper need collected daily? **Yes** or **No**

EMERGENCY CONTACT

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Key?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Client Signature

Date

This signed document is authorization to enter the above address for the purpose of pet care.

Your Pet's Best Friend

Pet Information

1

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered: _____

Food location: _____ Time(s): AM _____ Wet / Dry Amount: _____

PM _____ Wet / Dry Amount: _____

Allergies: _____

Medication? **Yes or No** Name: _____ Dosage: _____ Instructions: _____

Additional Information: _____

2

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered: _____

Food location: _____ Time(s): AM _____ Wet / Dry Amount: _____

PM _____ Wet / Dry Amount: _____

Allergies: _____

Medication? **Yes or No** Name: _____ Dosage: _____ Instructions: _____

Additional Information: _____

3

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered: _____

Food location: _____ Time(s): AM _____ Wet / Dry Amount: _____

PM _____ Wet / Dry Amount: _____

Allergies: _____

Medication? **Yes or No** Name: _____ Dosage: _____ Instructions: _____

Additional Information: _____

Your Pet's Best Friend
Terms of Agreement for Daily Pet Care

_____ 5 day schedule (Mon-Fri) Rate: _____
_____ 1-5 days per week (varying days) # of days: _____ Rate: _____
_____ 1-5 days per week (regularly scheduled) # of days: _____ M T W Th F Rate: _____

Daily service consists of a 30 minute visit including walking, playing, mid-day meal and/or medication, snacks, and lots of attention.

This signed document is an agreement between Your Pet's Best Friend and _____ (Client) for pet care services beginning on _____ until revoked in writing. Your Pet's Best Friend agrees to provide pet care services to Client in a reliable, trustworthy, and caring manner.

PET CARE

1. I authorize **Your Pet's Best Friend** to perform pet care services as outlined in Client Information Sheet, Pet Information Sheet, and Veterinarian Release Form which shall become part of this contract.
2. I authorize **Your Pet's Best Friend** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Your Pet's Best Friend** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
3. **Your Pet's Best Friend** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. Pet care will be performed only by **Your Pet's Best Friend** during all assignments unless prearranged with client.
4. I agree to reimburse **Your Pet's Best Friend** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
5. **Your Pet's Best Friend** agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against **Your Pet's Best Friend**, its employees or assigns, except those arising from proven negligence of the pet sitter.
6. **Your Pet's Best Friend** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless **Your Pet's Best Friend** in the event of a claim by any person injured by the pet.

8. **Your Pet's Best Friend** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time. There is no term of contract for daily service.

9. It is expressly understood that **Your Pet's Best Friend** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Your Pet's Best Friend** of all situations, which will relieve it of liability for damage.

10. Clients must give a minimum of 24 hours notice to receive credit against future visits, which is given at the discretion of **Your Pet's Best Friend**. A fee of \$20 will apply to all returned checks. Client is responsible for all costs of collection.

11. I attest to the fact that all licenses and vaccinations required by the State _____, the City in which I reside and/or the County of _____ are current according to the law. _____ (initial here)

12. I authorize this contract to be valid approval for future services so as to permit **Your Pet's Best Friend** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

13. I have completed and signed required veterinary release forms and my primary veterinarian will be notified that **Your Pet's Best Friend** will be caring for my pet(s).

Signed _____

Date _____

Your Pet's Best Friend

Veterinarian Release Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Your Pet's Best Friend before service dates.

Your Name: _____

Phone Number _____

To whom it may concern: During my absence a representative of Your Pet's Best Friend will be caring for my pet(s). I give Your Pet's Best Friend my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Your Pet's Best Friend to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts: \$ _____

Your Pet's Best Friend reserves the right to utilize the services of any available veterinary clinic. If time permits, we 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.

Veterinary Clinic: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Your Pet's Best Friend assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____ Date: _____