



FOUR LEGGED PET CARE

PET CARE AGREEMENT

FOR DOG WALKING/IN-HOME PET VISITS

Date: _____

Client Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Out-of-town phone number (if applicable): _____

Name of Pet #1: _____ Breed: _____ Sex: _____

Age: _____ Neutered/spayed: ___Yes ___No Vaccinations current: ___Yes ___No

Name of Pet #2 _____ Breed: _____ Sex: _____

Age: _____ Neutered/spayed: ___Yes ___No Vaccinations current: ___Yes ___No

Name of Pet #3 _____ Breed: _____ Sex: _____

Age: _____ Neutered/spayed: ___Yes ___No Vaccinations current: ___Yes ___No

INITIAL HERE x _____

If vaccinations are not current, please explain:

NOTE: Pets must be bathed, free of fleas, ticks, healthy and free of any contagious illness. If your pet has any disabilities or symptoms, please explain:

Person to contact in case of emergency: _____

Phone: _____

Name of your Veterinarian and/or Animal Hospital:

Address:

Phone: _____

Do I have your permission to take your pet to your Veterinarian if necessary? _____ **

Should your Veterinarian be unavailable, your pet will be taken to the nearest Veterinary facility.

Feeding Instructions and / or special needs:

If medications are to be administered, please include a separate page with instructions.

Is your pet fully housebroken (i.e., totally free of 'accidents' in your home)? ___ Yes ___ No

If no, explain in detail:

Have your pet(s) ever bitten any human or another animal? YES NO

If yes, please explain:

Behavioral quirks - please elaborate if applicable; e.g. Other dog/cat or stranger aggression, dislikes children; fear of storms, fireworks, loud noises, traffic; chewing issues. Other, such as doesn't like back feet touched, etc.:

Optional

Do you wish to allow your dog to visit a fenced dog park for off leash exercise with other dogs?
YES NO

How did you hear about Four Legged Pet Care?

Updates of your pet's status are available. If you wish to receive this, please give the e-mail address to be used:

E-mail: _____

If you wish to be updated via text message, please provide a working number which will be able to receive text messages:

Number: _____

INITIAL HERE x _____

Dog Walking/In-Home Pet Care Contract Terms:

Date(s) pet(s) to be walked/visited: _____

Time(s) pet(s) to be walked/visited: _____

The fee for this contract is for _____ full days for a total of \$ _____

I agree to pay in full either in advance, upon completion of scheduled walks/visits, when Pet Care provider drops off my key, or on a weekly/bi-weekly (circle one) if this service is permanent.

In the event a check for payment is returned NSF, the owner will be wholly responsible for all costs associated with collection and litigation, incurred by Four Legged Pet Care.

This Agreement is by and between the Pet Care Provider and the Client.

Pet Care Provider Name: _____

TERMS AND CONDITIONS:

Pet Care Provider agrees to provide the services stated in this contract 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 said Pet Care Provider except those arising from gross negligence or willful misconduct on the part of the Pet Care Provider.

I understand that I am responsible for any harm or damages caused by my pet(s) while under the Pet Care Provider’s care. I shall indemnify Four Legged Pet Care against any claims made against the company for losses or damages of any kind made against Four Legged Pet Care.

Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting Pet Care Provider to accept reservations for service without additional signed contracts or written authorization.

I agree to reimburse Pet Care Provider for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected food, supplies, repairs, cleaning, or transportation.

Please be aware that emergency veterinarian fees can be quite costly, particularly if surgery is involved.

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I understand that Pet Care Provider MAY NOT under any circumstance, leave my key outside of my residence, rather they must hand it to me and or an authorized resident of my property personally.

IF MEDICATIONS ARE TO BE ADMINISTERED: The Client acknowledges that the Pet Care Provider is NOT a veterinary professional and therefore does not hold the Pet Care Provider accountable for medical circumstances beyond their control.

We reserve the right to act in the best interests of the pet(s) **at all times**. This includes seeking veterinary advice if your pet becomes ill. We will contact you immediately should your pet become ill. If you cannot be contacted within a reasonable time or have chosen **not to be** contacted, we reserve the right to seek appropriate and swift veterinary attention and proceed with treatment regardless of costs, which you agree to cover. We will do everything needed for the pet(s) as regards to treatment, comfort and recovery. If euthanasia is **absolutely necessary** (determined by the vet) for whatever reason **excluding behavioral** (aggression, etc.) we will accept and act upon that vet's advice.

If your pet passes away due to natural causes while in my care do you wish to be informed immediately? *This is very important for elderly pets.* YES NO

I have read the above contract in the presence of the Pet Care Provider and agree to the terms as specified herein.

X _____

Client Signature

_____ Date

X _____

Pet Care Provider

_____ Date

INITIAL HERE x _____