

WE SERVE PETS Client Info & Agreement

Today's Date:

Owner First & Last Name:

Address:

City, Zip:

Home phone:

Work phone:

Cell phone:

Email address:

Emergency Contact:

Phone:

Vet name/phone:

You found us via

Google, Yahoo,

PetsitUSA, or how?

Pet 1 name/breed/age:

Pet 1 is fixed? Has shots?

Pet 2 name/breed/age:

Pet 2 is fixed? Has shots?

Are any of your pets
aggressive? Please
describe:

Are your pets good off
leash in a safe field?

Please describe:

Do your pets sleep in a
crate, on a bed/floor or
either?

Brand/type of pet food
used & serving amounts:

Please detail any of your
pets' issues, ie- chews,
digs, escapes, barks,
separation anxiety, potty
training, allergies, etc

What services &
days/dates are needed
(walks, daycare, boarding,
visits, training)?

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I _____ am entering into this agreement on this date of _____ with We Serve Pets (hereinafter referred to as "WSP") in order for them to care for my pet(s) and I agree to all of the terms listed below.

1. I attest that I am the sole owner of the pet(s) or the agent of the owner with the owner's permission to care for the pet(s).
2. I agree to pay all fees due WSP on or before the first day of any occasional service booking (boarding/petsitting). If I am a regular weekly WSP customer, I agree to pay within 5 days of receipt of my monthly invoice. If a deposit is requested, I will be credited at the time of full payment. I also agree to pay for all days reserved, unless I give WSP a 24-hour notice of change in dates including early or late arrivals or departures.
3. I agree that I am financially responsible for any additional expenses incurred by WSP for my pet's care, such as for pet food, pet supplies and additional visits or days of service. I also agree I am financially responsible for any and all damage or injuries that my pet(s) may cause.
4. If my pet becomes ill or requires professional attention, I understand that WSP will always try to reach me and/or my veterinarian first. I also understand and authorize WSP to engage the services of any licensed pet care medical professional of its choice at that time. I also authorize medical treatment and agree to pay all charges to the veterinarian that provides medical care to my pet. I authorize my pet's veterinarian to release my pet's medical records to WSP. I authorize WSP to administer OTC or prescription medicine and other requisite care to my pet. I agree to leave a credit card authorization on file at my veterinarian in case WSP should use their services for my pet.
5. I entrust WSP with the care of my pet and understand that they will always take the utmost care to keep my pet safe and free of harm. However, I acknowledge that accidental injury and/or illness may occur to my pet and that my pet could cause harm to other beings or property. To the maximum extent permitted by law, I hereby (a) release WSP, its owners and agents, including each pet care provider, from any and all liability for any injury or illness suffered by my pet or any damage or harm my pet may have caused while in WSP provider's care, except to the extent such illness or injury or damage is the result of WSP's or pet care provider's negligence or intentional misconduct and (b) agree not to initiate any legal proceedings against WSP or pet care provider with respect to such released claims.
6. I understand that if my designated WSP caregiver is ill or has a conflicting emergency, I authorize another WSP provider to care for my pet and that WSP will attempt to notify me if this happens.
7. I agree to provide clear and detailed instructions for any care I require in my absence, as well as authorize WSP to carry out these instructions to the best of their ability. This includes feeding, medicating, exercise, and home safety instructions. In the absence of such information, I entrust WSP to make the necessary decisions without holding them responsible for these.
8. I agree to provide WSP a copy of my pet's current vaccination records and do promise to be administering regular flea and tick medications for my pet. I attest that my pet has not had fleas or been exposed to rabies, distemper, kennel cough or any other communicable disease within 20 days prior to commencement of services.
9. I understand that my authorization of any other person; including housekeepers, contractors, family members, relatives, friends, neighbors; or real estate buyers and agents to enter my home during any WSP service constitutes a shared-visits arrangement. I will not hold WSP responsible for incidents involving my home or pets during such periods.
10. If I request that WSP leaves my pet unattended for periods of time in an outside area, either around or near my residence, I agree to hold WSP harmless in the event of any injury or death to the pet occurring during these times.
11. I understand that WSP reserves the right to terminate this contract at any time before or during its term if they, in their sole discretion, determine that my pet poses a danger to the health or safety of a WSP representative. If concerns prohibit WSP from caring for my pet, I authorize WSP to place my pet in a boarding facility and agree to pay these expenses.
12. I agree not to directly hire or engage any WSP provider for any pet service while provider is under contract with WSP. This includes myself and any referral I give to a third party potential client. I agree that any breach of this contract will result in termination of my contract with WSP plus monetary damages relating to this breach.
13. I certify that the information contained in this form is true and correct to the best of my knowledge.

By signing here, I have read, understood and accept this agreement and agree to be bound by its terms.

Pet Owner Signature: _____ **Pet Owner Name:** _____

Date: _____