

Pet-Agree Service Form

Name: _____ Home Phone: _____

Address: _____ Cell: _____

City: _____ Zip: _____ Work: _____

Email: _____

Pets Name(s), ages and descriptions:

_____ spayed/neutered: yes / no _____ spayed/neutered: yes / no

_____ spayed/neutered: yes / no _____ spayed/neutered: yes / no

Date Leaving: _____ Time: _____ am / pm Contact Phone: _____

Date Returning: _____ Time: _____ am / pm

Local emergency contact(s) name(s) & number(s): _____

Persons with access to your home: _____

Veterinarian: _____ Phone: _____

Date and reason for most recent veterinary visit: _____

Instructions in case of illness: Take to Emergency Animal Hospital Call you only

(Check One) Take to specified Vet facility Call Emergency contact
Services included in our fees: mail/paper pick-up alter lights/shades plant care

All dog walks to remain in clients' neighborhood with activity / care log availability upon job completion to the client.

A 50% deposit may be required for specific services typically determined by length and date of service requested. Cancellation within 7 days of date of services will result in loss of deposit on client's behalf.

Deposit waived? Deposit received? Date: _____ amount: _____

Pet-Agree agrees to provide services from _____ through _____. Total number of visits or over nights _____ at \$ _____ each. Key pick-up \$ _____ key return \$ _____ for a total of \$ _____. Services will be performed in accordance with the instructions contained herein. The client waives any claims against Pet-Agree unless Pet-Agree is negligent and does not perform as agreed herein. Required deposits for services rendered will be due prior to the first day of service. A copy of Service Agreement & receipt of payment will be issued to client as desired.

Date: _____ Client Signature: _____

Date: _____ Pet-Agree Acceptance: _____