

Tricia Reeves Pet Services – Customer Data & Contract

Customer's Name: _____

Address: _____

Phone: _____ 2nd Phone: _____

Email address: _____

Pets Name, Age, and Type: _____

Emergency Contact and Number: _____

Name and phone of your vet (if local): _____

Does your pet have any behavior or aggression problems towards people or animals?

If yes, please describe: _____

- I understand that payment is due immediately after services have been completed unless other arrangements have been agreed upon.
- I agree to pay a \$25 charge if an additional visit is required to collect payment (i.e., because payment was not left on the day of the first visit).
- I understand that if I return early or decide for whatever reason that I do not need the number of hours of service initially agreed upon, that I will not be refunded the difference and will still pay for the hours initially agreed upon.
- I understand that I must cancel or reschedule at least 48 hours in advance of the time service is to be provided or I will be charged for scheduled services.
- I understand that if a deposit is requested it is not refundable, regardless of the time of cancellation after the payment of the deposit.
- Should medical attention be necessary, and I am not reachable, I authorize Tricia Reeves Pet Services to care for my pet and/or bring my pet to the closest veterinarian or emergency pet hospital using her best judgment. I permit Tricia Reeves Pet Services and Tricia Reeves to authorize emergency treatment advised by the veterinarian. I release Tricia Reeves Pet Services and Tricia Reeves from all liabilities related to transportation, treatment, and expense.
- I understand that it is my responsibility to reimburse Tricia Reeves Pet Services for any balance that may occur due to veterinary services/emergencies, or the purchase of any other products that may be required for the care of my pet (i.e., food, cat litter, etc.).
- The information that I have provided about my pets is accurate to the best of my knowledge. My pet(s) is/are up to date on all vaccinations. I will be liable for the pet sitter's medical expense, should a bite or any injury, from my pet(s) occur in my absence.
- I relinquish all claims against Tricia Reeves Pet Services and Tricia Reeves, except those arising from the negligence of the pet sitter. I understand Tricia Reeves Pet Services will not be held responsible for any damage to my property, or that of others, incurred by my animal(s) during my absence.

I have reviewed this service contract in its entirety. I have entered into this agreement on my own accord. All information is complete and accurate. I agree to all terms and conditions set above.

Client signature: _____

Date: _____