



## **New Client Packet Pet Taxi Service**

**Thank you for choosing Paws Plus Pet Sitting Service!**

### **Instructions:**

Please print one copy of the New Client Packet, and complete using a pen. This packet can be printed one-sided or two, in black & white or color.

### **The New Client Packet includes:**

- Service Agreement
- Pet Information Form (Print one copy for each pet; each form is 2 pages)
- Contact Information sheet

### **Have These Items Ready for the Initial Interview:**

1. Your signed and completed documents
2. A key (if needed)
3. Veterinary contact & medical information (allergies, conditions).
4. Location and Time of Appointment



## Paws Plus Pet Sitting Service– Service Agreement –Pet Taxi Service

For the purposes of this document, the terms Client, Owner, Pet Owner, and Customer are synonymous with the person contracting services for one or more domestic animals. **This Service Agreement is for Pet Taxi Services.**

- Payment in full by cash or check is due at the time services are rendered.
- There will be a **\$35 service charge** for each returned check.
- Unpaid service may be cancelled without notice, including prior to or during the service period.
- Paws Plus Pet Sitting Service is not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Pet Sitter. Paws Plus Pet Sitting Service agrees to remain fully insured through PSA or a comparable entity.
- Pet Owner must have legal rights to place the animals in the care of Pet Sitters, Kennels, and Veterinary Clinics. The Pet Sitter cannot service a home with “Visiting” pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, accepted and signed by each rightful owner(s).
- The terms of this document apply to all the pets owned by the client, including any and all new pets that the customer obtains on or after the date this document was signed, at any and all locations the owner designates for service.
- Pet Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit collar for walks or in case of emergencies, firmly affixed vaccination tags, leash, crate, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. Pet Owner authorizes any purchases necessary for the satisfactory performance of duties. Pet Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse Paw Plus Pet Sitting Service within 14 days for all purchases made.
- Pet Owner will be responsible for all medical expenses and damages resulting from an injury to a Pet Sitter, or other persons, by the Pet. Customer agrees to indemnify, hold harmless, and defend Paw Plus Pet Sitting Service, in the event of a claim by any person injured by the Pet.
- This contract to be permits Paws Plus Pet Sitting Service to accept all future telephone, online, mail or email reservations and provide service without additional signed Service Agreements.
- In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities of pet care.
- Paws Plus Pet Sitting Service may use their discretion to stop and end service at any time that a pet poses a danger to the safety or health of itself, other pets, other people, or the Pet Sitter. If concerns prevent the Pet Sitter from continuing for a pet, the Owner authorizes the pet to be placed in a kennel, or previously arranged locale if possible. All subsequent charges, including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability, are to be the responsibility of the Owner.
- Paws Plus Pet Sitting Service agrees to provide agreed upon services in a manner that is trustworthy, caring and dependable. In consideration of the services as an express condition thereof, the client expressly relinquishes any and all claims against the company and its employees, except those arising from negligence.
- Client agrees to discuss any concerns with Paws Plus Pet Sitting Service within 24 hours of return after service.
- This agreement is valid from the date signed, and replaces any prior service agreements. Client agrees to any future Paws Plus Pet Sitting Service term changes relayed verbally to the Client, mailed or emailed in writing to the Client, or posted on our website.
- The Owner states that he/she has read this agreement in its entirety and fully understands and accepts its terms and conditions.

**Veterinary Release Agreement**

- In the event that any of my pets appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Paws Plus Pet Sitting Service, I give permission to Paws Plus Pet Sitting Service to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.
- I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Paws Plus Pet Sitting Service care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Paws Plus Pet Sitting Service care providers to use their best judgment in handling these situations, and I understand that Paws Plus Pet Sitting Service and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).
- I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all fees assessed by Paws Plus Pet Sitting Service for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.
- I further authorize Paws Plus Pet Sitting Service and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).
- This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Paws Plus Pet Sitting Service cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Paws Plus Pet Sitting care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLIENT INFORMATION

<b>Client Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Work Phone:</b>	
<b>Email:</b>	
<b>Preferred Contact Method:</b>	
<b>Referred By:</b>	

### EMERGENCY CONTACT INFORMATION

<b>Emergency Contact Name:</b>	
<b>Phone:</b>	
<b>Cell/Work:</b>	
<b>Relation:</b>	
<b>Location:</b>	



**Paws Plus Pet Sitting Service – Pet Information Disclosure for Pet Tax Service**

Please complete one Pet Information Disclosure form per pet.

**Client/Owner Name:**

**Pet Name:**

Pet Type:

Sex: M / F Neutered: Y / N

Breed:

Birth date:

Or Age:

Physical Description:

Weight:

Or Size:

**Emergency Care:**

Vet Name:

Pet Allergies:

Clinic Name:

Vaccinations up to date: yes no

Phone:

**Pet Medical History:** (ongoing or reoccurring known illnesses/injuries, treatments & medications)

**Temperament/Personality:** \_\_\_\_\_

Pet Doesn't Like:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> All Humans            | <input type="checkbox"/> Hot Days           | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Toenail Clip          | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Strangers             | <input type="checkbox"/> New Animals        |   |
| <input type="checkbox"/> People near food dish | <input type="checkbox"/> Other family pets  |   |

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home, cage

How does your pet behave while in a car?

Does your pet get car sick?

How would you like your pet transported?  backseat  crated

---

Commands: (Please list any commands or tricks that your pet knows):