



The Pet Services agreement is dated ____ / ____ /, 20 ____ and is between Your Spoiled Pets and _____ (Pet Owner).

Pet Information: DOG

Pet (s) Name	
Birth Day	
Breed & Color	
Gender	
Spayed/Neutered	
Type of ID (microchip? tags?) include ID# if have	
Are treats allowed?	

Precautions (humans/other animals):

Contact Information for Primary Veterinarian and alternative if applicable:

Feeding instructions: Only when needed Every time

-How much food:

-How Often:

Any other pertinent information?

What dog wears for walks? (ie: harness/collar)

How did you hear about us?

Your Spoiled Pets reserves the right to;

1. To obtain any emergency veterinary care that may be necessary during the time of service with my pet. I accept responsibility for any charges related to this emergency care. I also authorize Your Spoiled Pets to utilize an alternative veterinarian in the event my regular veterinarian is unavailable.
2. Your Spoiled Pets will not accept responsibility for security of the premises or loss if other individuals have access to the home during the terms of services. I have provided a key to my home and have granted access to my home to perform dog walking duties and/or animal care services. I understand that all keys are kept in a locked safe located in the office of Your Spoiled Pets.
3. To the service rates contained within this agreement and that I shall make payment for any service performed no later than two weeks from the date the service commenced.
4. All pets (where appropriate) must have a veterinarian and must be up to date on required vaccination.
5. To not accept aggressive pets. Pet is cared for based on client's representation. Client will be responsible for all damage/injury caused by aggressive pets.
6. To reserve the right to deny service or terminate service because of safety concerns, financial concerns or inappropriate or uncomfortable situations.
7. All dogs must have a collar with a rabies vaccination tag, and an ID tag (if dog has a "chip" or tattoo for identification, then ID tag requirement will be waived).
8. Cancellations must be made 48 hours before service was to commence. Any cancellation made with less than 48 hours will be subject to 50% of normal service fee.
9. To take photographs of my pet for use in marketing materials.
10. To surrender my pet to the care of the emergency contact for any emergency.
11. Any additional services or changes to the service requested within this document will be delivered at the rates stated in this document up to 6 months from the date of this contract. After 6 months the client is subject to the current rates at the time of the new request.

Service Requested:

Fee:

Start date:

By signing this document I confirm that I have read, understand and am in agreement with all information, policies and service requests contained in this document. The client also certifies to the accuracy of all information given about the said pet on this contract.

OWNER 1

Name(print):

OWNER 2

Name(print):

Sign:

Address:

Address:

Phone #:

Door code if have one:

Email:

Location of APT. if # is not on door:

Emergency Contact Name:

Phone #:

Phone:

Email: