



PURR-FECT PET CARE LLC SERVICE AGREEMENT



Your Name: _____ Phone number: _____

PET(S) INFORMATION:

Name _____ Breed _____ Age _____ Sex _____

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(If more please list on back)

Is your pet(s) microchipped? Yes No

Any special Medication and/or special needs? _____

Feeding routine(How much/Approx times/Location/Treats?) _____

Walking routine (Fenced in yard? Walk on leash? Location to dispose of waste bags? Etc...) _____

Special house rules we should be aware of? Example: No pets on furniture, specific rooms allowed in, Etc? _____

How will we gain entry to your home? _____

Emergency Contacts: _____

Vet information: _____

Anything else important you think we should know about your pet? _____

I give consent for Purr-Fect Pet Care LLC to care for my pet(s) in my absence and I release them from any liability during their time caring for my pet(s) and do not hold them responsible for the following expenses, but not limited to, expenses incurred due to medical attention to people, or pets, emergency or veterinary care including acts of nature, as well as encounters with other animals, or damages from any acts of aggression, or damages to property.



I agree to pay _____ price per visit

Client Signature _____ Date _____

Purr-Fect Pet Care Signature _____ Date _____