

URBAN PAWZ, LLC PET CARE SERVICES

Client Agreement and Information

Name(s):

Pet(s):

Street 1:

Street 2:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

preferred method of communication?

email

home phone

cell phone

Emergency Contact:

Phone:

Vet*:

Phone:

**A signed release form is required for vet visits. "*

All dogs and cats must be current on all vaccinations and completely free of fleas/ticks/communicable diseases.
Please provide a copy of your most recent vaccination records.

SERVICES PROVIDED

- Dog Walking _____
- Dog Potty Breaks _____
- Nail Trims _____
- Overnights _____
- Bathing / Light Grooming _____
- Behavior Training _____

I agree that I have requested Krysty Rego Vallejos to take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Owner's Signature

Owner's Name - Please Print

Today's Date

PET INFORMATION SHEET

Urban Pawz, LLC Pet Care Services

please complete one form for each pet

Pet's Name:

Owner:

Species & Breed:

Age:

Sex: (check one) Male Female

Neutered/Spayed: Yes No

Rabies Tag #:

Shot Expiration Date:

Is your pet on any medications that must be administered? Yes No

If yes, please describe the medication and prodecures, including name, dosage, instructions and where it is kept:

FEEDING

What kind of food(s) does your pet eat?

When does your pet eat? And how much at each time?

Special feeding instructions:

PET INFORMATION SHEET, cont.

TRAITS

Please answer the following questionnaire about your pet - it will assist in better care for him/her:

Yes	No	N/A	Is your pet friendly with other animals?
Yes	No	N/A	Does your pet like new adults?
Yes	No	N/A	Does your pet like children?
Yes	No	N/A	Is your pet allowed to have treats?
Yes	No	N/A	Is your pet prone to chewing?
Yes	No	N/A	Is your pet fearful of noises or other things?
Yes	No	N/A	Does your pet obey basic commands?
Yes	No	N/A	Has your pet ever bitten a person or animal?
Yes	No	N/A	Has your pet ever shown aggression?

Please explain responses above if necessary:

What and where are your pets favorite toys?

How does your pet react to strangers?

Does your pet have problems with going outside during certain weather?

What is your pets favorite playtime activities?

Please indicate anything else about your pet's habits or behavior that would be useful:

Specific to cats:

How often do you change the litter?

How often do you scoop the litter?

Owner:

Pet's Name:

Species & Breed:

Age:

Sex: (check one)

Male

Female

Pet's Name:

Species & Breed:

Age:

Sex: (check one)

Male

Female

Pet's Name:

Species & Breed:

Age:

Sex: (check one)

Male

Female

if any of the pets named above becomes ill or is injured, I request that pet sitter take the pets to:

Primary Veterinary Office

Name:

Street Address:

City, State & Zip:

Alternate Veterinary Office

Name:

Street Address:

City, State & Zip:

I give permission to Urban Pawz, LLC to approve treatment.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered.

If primary or alternate veterinary offices named above are not available, I authorize Urban Pawz, LLC to take my pet(s) to another veterinary office for treatment. I understand that Urban Pawz, LLC cannot be held responsible for the results of the veterinary treatment or loss of my pet.

This agreement is valid starting with first pet sitting service provided by Urban Pawz, LCC.

Owner's Signature

Owner's Name (please print)

Date

I do hereby waive and release Urban Pawz, LLC (and their representatives) from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of Urban Pawz, LLC (and their representatives). Urban Pawz, LLC (and their representatives) agrees to provide all services in a kind, reliable and trustworthy manner. In the case of an emergency, inclement weather, or a natural disaster, I authorize Urban Pawz, LLC (and their representatives) to use their reasonable judgment for the care and well being of my pet(s) and/or property. I understand that Urban Pawz, LLC (and their representatives) can terminate this contract if my pet becomes a threat to the safety or health of Urban Pawz, LLC (and their representatives) due to aggressive behavior. I entrust Urban Pawz, LLC (and their representatives) to contact me in any and all cases if this threat should arise. In the case that Urban Pawz, LLC (and their representatives) cannot reach me, I authorize Urban Pawz, LLC (and their representatives) to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. Urban Pawz, LLC (and their representatives) reserves the right to refuse service to any client, at any time, for any reason. For social media purposes, I will allow Urban Pawz, LLC (and their representatives) to take a picture of my pet. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above, I will inform Urban Pawz, LLC (and their representatives) before the next service is scheduled to begin.

This signed document gives Urban Pawz, LLC (and their representatives) authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract.

I authorize this contract to be valid approval for services so as to permit Urban Pawz, LLC (and their representatives) to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

Owner's Signature

Owner's Name (please print)

Date