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Precious Pets

Cobb,LLC

Client Packet

![C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\KDJRKP8A\MCAN01231_0000[1].wmf]()

Last Name:

Key Status: Keep Return

Alarm Code: N/A \_\_\_\_\_

Precious Pets Cobb,LLC

(404) 610-8266

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age / Birthday | Description | Special Needs |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Feeding Instructions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pet’s Name | # of times fed per day | time of feeding | type of food | amount of food |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Treat Instructions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pet’s Name | # of treats per day | Time of treats | type of treats | amount of treat |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pet’s Name | # of times given per day | times given meds | type of meds | amount of meds |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Precious Pets Cobb,LLC – Veterinary Release Agreement**

In the event that any of my pets or large animals 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 Precious Pets, I give permission to Precious Pets 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 ask Precious Pets to inform the attending clinic or veterinarian of myrequested total diagnosis and treatment limit of $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pet / all pets (most common values are $200, $1000, or unlimited). 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 Precious Pets 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 Precious Pets care providers to use their best judgment in handling these situations, and I understand that Precious Pets and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s). In the event I cannot be contacted in an appropriate amount of time (depending on the severity of the situation) to make a decision about my pet’s health and treatment, please follow these instructions:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Special Service fees assessed by Precious Pets for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Precious Pets 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).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Precious Pets of any signs of injury or possible illness before any visit as soon as the condition appears. Precious Pets reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Precious Pets strives to provide clean, safe service to each of our clients. In doing so, Precious Pets strongly recommends that each pet and large animal be vaccinated, de wormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Precious Pets cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Precious Pets 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:

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

**Precious Pets Cobb, LLC Policies**

Please note the following prices are to give you a general idea of our pricing.  Rates may increase or decrease depending on the situation.  Please contact us at **(404) 610-8266** to discuss your needs and our rates further.
 **Initial Consultation:**  We come to your home to meet you and your pets.  We complete the necessary paperwork, answer questions, transfer keys, and tour your home while discussing detailed instructions on how to care for your pets.  Consultation is **free**and usually takes 30 to 90 minutes, depending on the complexity of your request.

**Basic Visit:**  We come to your home for 20 to 30 minutes for supervised feedings, walks, and play.  Most dogs require 3 to 4 basic visits per day.  Most cats require 1 basic visit per day.  Basic visits begin at **$19.** This rate covers up to 2 animals. (Special needs are not included.) Each additional animal is $2 per visit. Any visit required after initial consultation will be charged the visit fee.

**Extended Visit:**  We come to your house for a full hour visit.  This choice may be good if your pet is sick and/or needs extra attention.  The hourly rate is **$45**.

**Overnight Visit:**  Overnight visits are situation dependent so please call to discuss your options.  While we too like to spend time with our own kids and family, we understand there are some times someone needs to be with a pet overnight.  We offer overnight services for **$75** for an 8 hour block of time.

**Holiday Visit:**  We are available for service 365 days a year.  A charge of **$5** per visit will be charged for the following holidays:  New Year's Eve (starting at 3 pm), New Year's Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Eve (starting at 3pm), Thanksgiving, Christmas Eve (starting after 3 pm), and Christmas.

**Pet Supply/Food Shopping:**  We realize that unexpected events happen and sometimes we forget to pickup needed items for our furry friends.  We can shop for you and your pet for **$25** per hour.

**Pet Taxi: $40 per hour.**

**Emergency Vet Visit:**  Accidents happen to pets just as they happen to people.  If a medical emergency arises for pet, We will make every effort to contact the Owner but if time is of the essence Owner authorizes Pet Sitter to seek medical services at the closest Veterinarian Hospital. Owner agrees to reimburse Pet Sitter for all services rendered by Veterinarian in accordance with Owners

wishes as stated and signed in the “Veterinary Treatment Authorization” form. Should your pet need to be taken to a Vet or Emergency Vet we charge **$45** per hour plus any vet costs associated with the visit.  Arrangements must be made with your Vet before you leave town. All forts are taken to contact the pet parents before a trip to the emergency vet. ALL EMERGENCY VETS REQUIRE VERBAL PERMISSION FROM OWNERS. Please speak with us more regarding options and your wishes.

**Key Pickup or Drop Off:**  If a key is not available at the time of the initial consultation, a **$10** fee will be assessed each time a key needs to be picked up or dropped off.

**Locksmith Fee:**  Should for any reason we need to have a locksmith's assistance in getting into your house with the key you provided, a **$85** fee will be assessed.

**Return Check Fee:**  If a check is returned, a **$45** fee plus bank fees will be assessed.

**Payments:**  Payment for all visits is expected no later than the first visit of the booking. Please leave payment in a conspicuous place. Cash, checks, and credit cards are accepted. **Checks are to be made payable to Precious Pets.** Post-dated checks **will not** be accepted.

**Refund & Cancellation Policy:** Visits: (not including holidays) that are canceled less than 24 hours prior to vist will be owed at the regular visit amount.If Owner plans to shorten their trip they must give a minimum of 24 hours notice in order to receive a refund. If Owner cancels their trip entirely a $20.00 fee will apply for all notification less than 21 days prior to scheduled visits.

Holidays: If Owner cancels, 50% of entire booking fee will apply for all notification 72 hours prior to scheduled visits. No refund on Holiday visits cancelled 72 hours or less before scheduled sits are to begin.

**Verification of Return:** Owner must telephone Pet Sitter PROMPTLY upon their returning home and leave a message in order not to incur another Pet Sitting charge.

**Vaccinations:** It is the Owner’s responsibility to make sure all of their pet(s) are current on their vaccinations. Should Pet

Sitter or any other party be bitten or otherwise injured by Owner’s pet(s), Owner agrees to pay all medical costs due to such injury.

**Property Emergencies:** If a problem arises such as a pipe rupture, flooding, earthquake, fire, break in, animal destroying fence

Etc., Pet Sitter will make every effort to contact Owner and follow their instructions.

**Property Access and Pet Damage:** Owner is to notify Pet Sitter if anyone else has keys or access to Owner’s property other than Pet Sitter during the time the Pet Sitter is caring for Owner’s home and pet(s). Pet Sitter cannot be held liable for damage done to home and pet(s) by others with such access. In addition, Pet Sitter shall not be held liable for damage done by pet to either the interior or exterior of home when Pet Sitter is not there.

**Outside Pets:** Pet Sitter is not liable for pets that are left outside or may escape when Pet Sitter is not in attendance.

**Liability:** Owner shall, at Owners sole expense, defend Pet Sitter against any claim or demand, whether or not well founded arising from any act(s) of Owner’s pet(s) or relation to Owner’s property. Owner shall indemnify and hold Pet Sitter free and harmless from all cost, expenses and liabilities in connection with such claims or demands. These costs, expenses and liabilities include amounts paid in settlement before or after suit is commenced, attorney’s fees and costs incurred by Pet Sitter in defending against such claims or demands Pet Sitter will provide the services stated herein in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, Owner expressly waives and relinquishes any and all claims against Pet Sitter except those arising from gross negligence or willful misconduct on the part of Pet Sitter.

**Right to Terminate Contract:** Pet Sitter reserves the right to terminate this contract at any time before or during its term if Pet Sitter, in their sole discretion, determines that Owner’s Pet(s) pose a danger to the health and/or safety of Pet Sitter.

If this occurs Pet Sitter will notify the Owner immediately of the problem and determine whether Owner will return or if pet(s) will need to be placed in a kennel with all charges to be charged to the Owner.

**Future Visits:** Owner authorizes this signed contract to be valid approval for future services of any purposes provided by this contract permitting Pet Sitter to accept telephone reservations for service and to enter the premises without additional signed contracts or written authorization.

\_\_\_\_\_\_\_By placing my initial here and signing this contract I am promising to read the Terms and Conditions in their entirety. If I have any questions about the above I will telephone the Pet Sitter before the visits are to begin.

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 (Owner Print Name) (Date) (Sitter Print Name) (Date)

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(Owner Signature) (Date) (Sitter Signature) (Date)