



SERVICE CONTRACT
(937) 269-5361
arkangelspetservices.com

ARK ANGELS

Client Information:

Last Name: _____ Cell Phone: (____) _____

First Name: _____ Work Phone: (____) _____

Address: _____
(Street/PO Box) (City/State) (Zip)

Directions: _____

Where Client can be reached in the event of an emergency: _____ (____) _____
(Location) (Phone)

Pet Information:

Pet's Name: _____ Sex: ____ Age: ____ Type/Color/Markings _____

Diet: _____ Feeding times: _____ Location of food/treats: _____

Exercise: _____ Medical/Special Needs: _____

Personality & Behavior Problems: _____ Vaccinations current? Yes No

Notes: _____

Veterinarian: _____ (____) _____
(Name) (Address) (Phone) (Directions)

In the event of a medical emergency during my absence, I give permission for veterinary services to be provided by the above named vet for the above named pet. Should my veterinarian of choice be unavailable, I authorize ARK Angels to approve emergency medical treatment as recommended by a veterinarian of their choice. I will be solely responsible for all expenses.

Client Signature Date

Pet Information:

Pet's Name: _____ Sex: ____ Age: ____ Type/Color/Markings _____

Diet: _____ Feeding times: _____ Location of food/treats: _____

Exercise: _____ Medical/Special Needs: _____

Personality & Behavior Problems: _____ Vaccinations current? Yes No

Notes: _____

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Pet Information :

Pet's Name: _____ Sex: _____ Age: _____ Type/Color/Markings _____

Diet: _____ Feeding times: _____ Location of food/treats: _____

Exercise Needs: _____ Medical/Special Needs: _____

Personality & Behavior Problems: _____ Vaccinations current? Yes No

Notes: _____

Veterinarian: _____ () _____
 (Name) (Address) (Phone) (Directions)

In the event of a medical emergency during my absence, I give permission for veterinary services to be provided by the above named vet for the above named pet. Should my veterinarian of choice be unavailable, I authorize ARK Angels to approve emergency medical treatment as recommended by a veterinarian of their choice. I will be solely responsible for all expenses related to this pet's medical care.

 Client Signature Date

Pet Information :

Pet's Name: _____ Sex: _____ Age: _____ Type/Color/Markings _____

Diet: _____ Feeding times: _____ Location of food/treats: _____

Exercise Needs: _____ Medical/Special Needs: _____

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 Client Signature Date

Services to be Performed as Negotiated by Contract (check all that apply):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Feed and Water Pets | <input type="checkbox"/> Inside/Outside Plants Watered | <input type="checkbox"/> Drapes/Blinds Switched Open/Close | <input type="checkbox"/> TV/Radio Switched On/Off |
| <input type="checkbox"/> Exercise/Walk/ Play With Pets | <input type="checkbox"/> Inside/Outside Lights Switched On/Off | <input type="checkbox"/> Newspaper?Mail Brought In | <input type="checkbox"/> Trash out for pick-up: _____ |
| <input type="checkbox"/> Pets Kept Crated or Secured when Alone | <input type="checkbox"/> Key retained/returned (\$5 fee for return) | <input type="checkbox"/> Security System Operation: | <input type="checkbox"/> Other: _____ |

\$	BASIC & VACATION PET SITTING: # of dogs: _____ #cat(s) _____ Other pets (specify) _____ Approx Time of visits: _____
\$	SPECIAL NEEDS CARE: Specify services: _____
\$	MID-DAY DOG SERVICES #dogs: _____ Days of week: Su M T W Th F Sa Approx. time of visits: _____
\$	DOG TRAINING: Specify Needs: _____
\$	GAS SERVICE CHARGE
\$	MILEAGE: _____ miles x \$ _____ per mile
\$	TOTAL SERVICE FEES PER VISIT

I authorize this Service Contract to be valid approval for future services permitting ARK Angels to accept my telephone reservations for services and enter my premises without additional signed contracts or written agreements.

The client agrees to notify the pet sitter no later than 2 hours prior to the next scheduled home visit if it's necessary to cancel scheduled services or if returning home earlier than anticipated. A fee of \$15.00 will be charged if notification is not given and the pet sitter makes a trip to the home. If the need arises for pet sitting services to continue past the anticipated ending date, The Client also agrees to give the pet sitter prior notice.

As owner of the before-named pet(s), I fully understand and agree that: 1) the contracted pet sitter shall not be liable for any injury or damage to any person, or persons, animal or animals, or to any property, however caused, which results from the care, training or behavior of said pet(s) as well as from any negligence on the part of the pet owner (Damages); 2) I will hold the pet sitter harmless from and against any Damages; 3) in the event of inclement weather or natural disaster, ARK Angels is entrusted to use best judgement in caring for my pet(s) and home and shall be held harmless for consequences related to such decisions; 4) I will reimburse ARK Angels for expenses incurred for emergency medical treatment, needed pet supplies, plus any additional service charges assessed; 5) I authorize ARK Angels to perform the services as outlined in this contract; and 6) I fully understand and agree to all of the terms of this service contract.

Owner's Signature _____ Date _____

Pet Sitter's Signature _____ Date _____

Additional page(s) attached? Yes No