

Citizen Canine Pet Care

P.O. Box 711

Kittery, ME 03904

Kathryn Davis, Owner - 603-674-4720

Service Agreement

Client Name: _____

Address: _____

Best Phone numbers to reach you: _____

Dates needed: _____

Days of week requested: _____

In Case of Emergency contact person and phone number: _____

Pets:

Name: _____ **Age and Birthdate** _____ **Male / Female**

Name: _____ **Age and Birthdate** _____ **Male /Female**

Name: _____ **Age and Birthdate** _____ **Male/Female**

Vets name and address / phone: _____

Health issues /medications currently using: _____

Feeding and care instructions: _____

Read Veterinarian Authorization form _____

CITIZEN CANINE PET CARE SERVICE AGREEMENT

- 1) CITIZEN CANINE AGREE TO PROVIDE SERVICES STATED IN THIS CONTRACT IN A RELIABLE AND TRUSTWORTHY MANNER. IN CONSIDERATION OF THESE SERVICES THE CLIENT EXPRESSLY WAIVES ANY AND ALL CLAIMS AGAINST US OR EMPLOYEES OF CITIZEN CANINE PET CARE UNLESS ARISING FROM NEGLIGENCE ON THE PART OF CITIZEN CANINE PET CARE.**

- 2) CITIZEN CANINE PET CARE AND EMPLOYEES SHALL NOT BE HELD RESPONSIBLE FOR THE LOSS, INJURY, DEATH, OR ACTIONS OF ANY PET THAT THE CLIENT HAS LET OUTSIDE OR HAS INSTRUCTED THE SITTER TO ALLOW OUTSIDE WHILE SITTER IS NOT THERE. THIS INCLUDES PETS WITH DOGGIE DOORS AND OUTDOOR PETS.**

- 3) THE CLIENT UNDERSTANDS THAT ALL PETS MUST HAVE VETERINARIAN CARE AND BE UP ON CURRENT RABIES VACCINATIONS.**

- 4) CLIENT IS RESPONSIBLE FOR MAKING ARRANGEMENTS FOR SNOW REMOVAL. VISITS MAY NOT BE MADE IN SNOW COVERED DRIVEWAYS.**

- 5) THIS SERVICE AGREEMENT WILL REMAIN VALID FOR FUTURE SERVICE, WITH THE EXCEPTION OF ANY AGREED UPON CHANGES IN FEES, VISITS, AND TIMES.**

- 6) WE RESERVE THE RIGHT TO DENY SERVICE OR TERMINATE SERVICE BECAUSE OF SAFETY CONCERNS OR UNCOMFORTABLE SITUATIONS.**

CLIENT: _____ DATE: _____

Citizen Canine Pet Care Veterinarian Authorization form

VETERINARIAN NAME:

ADDRESS:

PHONE:

DURING MY VARIOUS ABSENCES, KATHRYN DAVIS OF CITIZEN CANINE PET CARE WILL BE CARING FOR MY PETS. SHE HAS MY PERMISSION TO TRANSPORT THEM TO AND FROM YOUR OFFICE AS DEEMED NECESSARY. I AUTHORIZE YOU TO TREAT MY PETS AND I WILL BE FULLY RESPONSIBLE FOR ALL FEES AND CHARGES THAT OCCUR DURING MY ABSENCE FOR MY PETS. I FURTHER AUTHORIZE YOU TO GIVE OUT ANY INFORMATION ABOUT MY PETS TO KATHRYN DAVIS.

URGENT VETERINARY TREATMENT AUTHORIZATION INCLUDING URGENT CARE CLINICS

CLIENT NAME:

ADDRESS:

PHONE NUMBERS:

TO WHOM IT MAY CONCERN: I HAVE CONTRACTED CITIZEN CANINE PET CARE, KATHRYN DAVIS DURING MY ABSENCE AND I AUTHORIZE HER TO ACT ON MY BEHALF TO REQUEST VETERINARY TREATMENT AND SERVICES WHEN THEY DEEM NECESSARY. I ACCEPT FULL RESPONSIBILITY FOR THE CHARGES INCURRED IN THE TREATMENT OF MY PETS NOT TO EXCEED THE FOLLOWING AMOUNTS FOR EACH PET.

PETS NAMES:

AMOUNT:

DISCLOSURE: I WILL ALWAYS TRY TO CONTACT YOU FIRST PRIOR TO VET VISIT.

CLIENT _____ DATE _____