



MISFIT
PAWS

VANESSA BEZERRA
415-971-4761
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CLIENT INTAKE & RELEASE FORM

OWNER INFORMATION

Name: _____ Initial Interview Appt.: _____

Home Phone: _____ Bus Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Additional Contact/Relationship: _____

Home Phone: _____ Cell Phone: _____

In case of emergency, contact: _____ Phone: _____

In case of inclement weather or natural disaster prohibiting travel, is there a neighbor who we may call to check on your pet?

Name & Address: _____ Phone: _____

Others who have access to your home? (incl. phone nos.) _____

In the event that Misfit Paws is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Handler the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

Key Tested and Received? _____ Special Entry Instructions: _____

How did you hear about us? _____

PET INFORMATION

Pet Name: _____

Breed(s)/description: _____

Pet Birthday: _____ Allergies? _____

Can pet have treats? YES _____ NO _____ Vet Preference: _____

Vet Address: _____

Phone: _____ Is your pet current on vaccinations? YES _____ NO _____

Rabies Tag No. _____ Approximate last veterinary visit: _____

Please describe any behavior issues or concerns: _____

Additional instructions/comments: _____

OVERNIGHT CARE

Date & hour leaving town: _____ Date & hour returning: _____

Where can you be reached? _____ Phone: _____

We must have a telephone number or a way to reach you

Feeding Schedule: (am) _____ (mid-day) _____ (pm) _____

Will pet care responsibility be shared with anyone else during your absence? YES _____ NO _____

If yes, please give name, address, and phone number of other person and details of job sharing arrangement: _____

Please Note: Dogs are required to wear identification tags during service. The utmost of care will be given in watching your pet and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e. biting, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death, or fines of pet with access to the outdoors.

TERMS AND CONDITIONS

The parties herein agree as follows:

1. The initial term of this contract shall be from _____ through _____. Please kindly respect our 24 hr. cancellation policy for all walks. Note that for overnight care, a deposit may be required and is refundable if cancellation is received within 1 week of scheduled service.
2. The fee per visit \$ _____ X (# of visits)= TOTAL FEE of \$ _____. Any additional services performed shall be paid for at the agreed contract rate.
3. Misfit Paws is authorized to perform care and services as outlined in this contract. Misfit Paws is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatments and expense. Should specified veterinarian be unavailable, Misfit Paws is authorized to approve medical and or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Misfit Paws for expenses incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Misfit Paws is entrusted to use best judgment in caring for pet and home. Misfit Paws will be held harmless for consequences related to such decisions.
5. Misfit Paws agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services, as an express condition of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against Misfit Paws except those arising from negligence or willful misconduct on the part of Misfit Paws.
6. Client understands this contract also serves as an invoice and takes full responsibility for payment of fees for services rendered. A handling fee of \$20.00 will be charged on all returned checks. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
7. In the event of personal emergency or illness of handler, Client authorizes Misfit Paws to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Client will be notified in such a case.
8. All pets are to be currently vaccinated. Should handler be bitten or otherwise exposed to any disease or ailment received from Client's pet which has not been properly and currently vaccinated, it will be the Client's responsibility to pay all costs and damages incurred by the victim.
9. Misfit Paws reserves the right to terminate this contract at any time before or during its term if Misfit Paws in its sole discretion, determines that Client's pet poses a danger to health or safety of handler. If concerns prohibit handler from caring for a pet, Client authorizes pet to be placed in a kennel, with all charges there from to be charged to Client.
10. Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting Misfit Paws to accept telephone reservations for service and enter premises without additional signed contracts or written authorization.

I have reviewed this Service Contract for accuracy and understand the contents of this form.

Date _____ Client Signature _____ Handler Signature _____