



AB PETCARE
(803) 247-7945
8910 S. Highway 78 • Leonard, TX 75652
www.abpetcare.com

AB Petcare Service Contract

The parties hereto agree to the following:

1. *Client*, _____, agrees to contact **AB Petcare** 3 days prior to departure to confirm their travel plans and to verify the dates of service including drop off and pick up times.
2. *Client* agrees to notify **AB Petcare** in the event *Client* is delayed in returning home. *Client* further agrees to pay **AB Petcare** for any additional days required until *Client* returns home.
3. If the pet(s) becomes ill while under the care of **AB Petcare**, and medical care is needed in the best judgment of **AB Petcare**, *Client* authorizes **AB Petcare** to transport the pet(s) to *Client's* veterinarian (or one who is available). *Client* authorizes **AB Petcare** to approve any emergency treatment recommended by said veterinarian when the cost of treatment is within the limits authorized in a Veterinarian Release Form. *Client* authorizes **AB Petcare** to take *Client's* pet(s) to an Emergency Clinic For Animals when the *Client's* veterinarian is not immediately available. *Client* further agrees to promptly reimburse **AB Petcare** for any expenses incurred for any medical treatment or emergency care.
4. *Client* releases **AB Petcare** from all liability related to transportation, treatment, or expenses, resulting from any emergency or special needs as determined by **AB Petcare**.
5. **AB Petcare** agrees to provide the services stated herein in a reliable and trustworthy manner. In consideration of these services, and as an express condition thereof, the *Client* expressly waives and relinquishes any and all claims against **AB Petcare** unless arising from deliberate negligence on the part of **AB Petcare** or their representative(s).
6. *Client* agrees to reimburse **AB Petcare** for the cost of materials necessary for satisfactory performance of duties; and/or for any emergency expenses incurred resulting there from.
7. In the event of incompatibility, personal emergency, illness, injury, or unavailability on the part of **AB Petcare**, *Client* authorizes **AB Petcare** to arrange for another qualified individual to fulfill the responsibilities set forth in this contract, or, to arrange for alternative care of *Client's* pet(s). *Client* further agrees to promptly reimburse **AB Petcare** for additional costs incurred, if any, due to providing alternative care of *Client's* pet(s).
8. The term **AB Petcare** as used herein refers to the officers, owners, principals, employees, and subcontractors of the company known as **AB Petcare**.
9. Secondary Emergency Contact Name and Phone: _____
10. The term of this contract shall commence on this date and terminate in 36 months. Upon Client's request to provide services in the future via phone, email, or in person, Client agrees that this contract shall be extended, in its entirety, without further written authorization. The term of said extension shall commence on the date services are requested and shall terminate 36 months after the last date on which services are performed.

Client fully understands the contents of this contract and agrees to the terms and conditions herein. *Client* further agrees to pay any additional charges due when the services have been completed. In the event any part of this contract shall be determined to be invalid it shall have no bearing on any other part of this contract. Any exceptions to any part of this contract must be in writing and signed by all parties.

Representative of **AB Petcare**

Date

Client

Date