

PERFECT PAWS BY HEATHER THE RVT
PET CARE & VETERINARY SUPPORT SERVICES AGREEMENT

1. PARTIES

This Agreement is entered into between:

Provider: Perfect Paws by Heather the RVT ("Provider"), Registered Veterinary Technician (RVT)

Client: _____

Service Address: _____

Service Dates: _____

Cost of Services: _____

The \$40 consultation fee is separate from the above service costs.

2. MEDICAL & EMERGENCY AUTHORIZATION

Client authorizes Provider to:

- Administer prescribed medications as directed
- Contact veterinary professionals for clarification of instructions
- Observe, document, and report medical or behavioral changes
- Provide supportive care within the scope of an RVT

In the event of illness, injury, or emergency, Client authorizes Provider to seek veterinary treatment, transport the pet to a veterinary or emergency facility, and approve necessary care if the Client or emergency contact cannot be reached in a timely manner.

Client agrees to be financially responsible for all veterinary services and related expenses incurred. Provider will not carry or finance outstanding veterinary balances, and payment for veterinary services must be made directly to the veterinary facility at the time services are rendered.

3. LIABILITY WAIVER & CLIENT RESPONSIBILITY

Client understands and agrees that Provider will exercise reasonable care and handling consistent with Registered Veterinary Technician (RVT) standards while providing services. However, pets can be unpredictable, and Client accepts the inherent risks associated with animal care, including but not limited to stress, illness, injury, behavioral reactions, escape attempts, or unforeseen medical complications.

Provider is not responsible for complications related to pre-existing, underlying, or undisclosed medical or behavioral conditions and shall not be held liable for illness, injury, deterioration of condition, or death except in cases of proven gross negligence.

Client is responsible for maintaining a reasonably safe environment for both the pet and Provider. This includes ensuring walkways, driveways, stairs, entryways, and pet areas are reasonably free from hazards such as snow, ice, excessive debris, infestations, unsafe conditions, or aggressive animals.

4. CLIENT DISCLOSURE REQUIREMENTS

Client agrees to disclose all relevant information prior to services, including:

- Current or newly diagnosed medical conditions
- Medications and dosing instructions
- Behavioral concerns including aggression, anxiety, fear, or reactivity
- Exposure to contagious or infectious diseases
- Environmental hazards within the home

Failure to disclose important medical, behavioral, or environmental information may result in refusal or termination of services without refund.

If anyone within the household becomes ill prior to or during scheduled services, Client agrees to notify Provider so appropriate precautions can be discussed. Since many services can be completed without direct client interaction, this typically does not affect services but helps ensure proper sanitation and safety protocols.

5. HOME ACCESS

Client is responsible for providing safe, reliable, and secure access to the home during scheduled services.

Provider is not responsible for delays or inability to enter the home due to:

- Lock or keyless entry malfunctions
- Alarm system issues
- Dead batteries
- Internet, Wi-Fi, or power outages
- Mechanical failures preventing entry

Provider strongly recommends having both a primary and backup method of entry available whenever possible, as well as ensuring emergency contacts also have access to the home.

If Provider is required to pick up or return keys outside of scheduled services, a \$20 fee per trip will apply.

6. ENVIRONMENTAL & SAFETY HAZARDS

Safety is a top priority for both pets and Provider. Client agrees to disclose any known household hazards prior to services, including infestations, unsafe structures, aggressive animals, or other conditions that may place pets or Provider at risk.

If significant hazards or infestations are discovered during services, an additional hazard fee up to \$300 will apply, and Provider reserves the right to discontinue or refuse future services if conditions are deemed unsafe. (Infestation examples: Fleas, Bedbugs)

7. ASSUMPTION OF RISK

Client acknowledges and accepts the inherent risks associated with in-home pet care and veterinary support services. Client agrees to hold harmless and indemnify Provider from claims, damages, losses, expenses, liabilities, attorney fees, or court costs arising from services provided, except in cases of proven negligence or misconduct by Provider.

If negligence is determined to be the direct cause of an incident, Client may pursue a claim through Provider's applicable insurance coverage.

8. EXCLUDED ANIMALS / LIMITED COVERAGE

Livestock, farm animals, and exotic animals (like reptiles) are ineligible insurance coverages. By signing this Agreement, Client acknowledges these limitations and releases Provider from liability related to such animals.

9. RIGHT TO REFUSE OR DISCONTINUE SERVICES

Provider reserves the right to refuse, discontinue, or modify services at any time if a pet is deemed unsafe, aggressive, excessively stressed, medically unstable, or if the home environment is considered unsafe, unsanitary, or otherwise inappropriate for services. No refunds will be issued for services discontinued due to safety concerns or undisclosed issues.

10. VETERINARY & EMERGENCY CONTACT INFORMATION

Primary Veterinarian: _____

Phone Number: _____

Emergency Veterinary Hospital: _____

Phone Number: _____

Emergency Contact Name: _____

Relationship to Client: _____

Phone Number: _____

Emergency contact must be someone authorized to make decisions and **access the home** if Client cannot be reached.

11. PET ESCAPE / SECURITY DISCLAIMER

Provider is not responsible for pets that escape due to faulty doors, gates, fencing, latches, unsecured enclosures, or undisclosed behavioral tendencies such as door darting, escape behavior, fear aggression, or leash reactivity. Client is responsible for maintaining safe and secure containment systems.

12. BITE & BEHAVIOR DISCLOSURE

Client agrees to disclose any history of aggression, biting, scratching, fear-based behavior, handling sensitivities, resource guarding, or reactivity toward people or animals prior to services.

Provider reserves the right to utilize appropriate handling techniques, safety equipment, muzzles, barriers, slip leads, towels, or other restraint tools deemed necessary for the safety of the pet and Provider.

13. SURVEILLANCE CAMERAS & RECORDING DEVICES

Client agrees to disclose any indoor audio or video recording devices located within the home. Recording devices are permitted for home security purposes; however, recording devices may not be placed in private areas

14. EXTENDED CARE / ABANDONMENT

If Client is unable to return home as scheduled or fails to arrange continued care for their pet(s), Provider may continue providing care at standard or emergency rates until alternate arrangements are made. Client remains financially responsible for all additional services provided.

If a pet is deemed abandoned, Provider reserves the right to contact emergency contacts, animal control, or other appropriate authorities as necessary.

15. MEDICATION & TREATMENT DISCLAIMER

While Provider will administer medications and treatments as directed, Client understands that adverse reactions, missed doses due to pet noncompliance, vomiting after administration, hidden medications, or unforeseen medical complications may still occur despite reasonable care and professional handling.

Provider is not liable for complications resulting from inaccurate instructions, undisclosed medical conditions, or pet refusal of medications.

16. CPR / DNR AUTHORIZATION

In the event of a medical emergency, Client authorizes the following:

☐ Attempt CPR and emergency life-saving measures if medically appropriate

☐ Do Not Resuscitate (DNR)

Client understands that CPR efforts in animals may not always be successful and may result in additional veterinary costs.

17. SCHEDULING

Provider operates within general time windows:

- Morning: 8:00 AM – 11:00 AM
- Afternoon: 11:30 AM – 3:00 PM
- Evening: 3:30 PM – 8:00 PM

Exact arrival times are not guaranteed unless medically necessary.

Unless felines require medication administration, feline drop-in visits may occur anytime between 8:00 AM and 8:00 PM.

Provider does not offer “every-other-day” visits. Pets require and deserve consistent care, and a minimum of one visit per day is required.

18. FEES

Client agrees to the following additional fees where applicable:

- Weekend Fee (Friday–Sunday): +\$10/day
- Holiday Fee: +25%
- Last-Minute Booking (7 days or less): +15%
- Mileage Fee: \$1/mile beyond a 10-mile radius
- Key or Payment Pickup/Drop-Off: \$20 per trip
- Pet Errands: \$45/hour plus the cost of items purchased

Pet errands include obtaining necessities such as food, medications, litter, treats, poop bags, or similar supplies if required during Client’s absence.

19. PAYMENT TERMS

Payment in full is required before services are placed on the schedule. Appointment times are not held until payment has been received.

Payment is due no later than 30 days prior to services unless otherwise agreed upon in writing between Provider and Client.

Accepted payment methods include:

- Venmo
- Zelle
- Cash

Failure to pay will result in cancellation or refusal of services.

20. CANCELLATION POLICY

If Client provides at least 30 days' notice of cancellation, a 50% refund of the original payment will be issued.

Holiday bookings are nonrefundable.

Repeated cancellations or rescheduling may result in refusal of future services.

21. WEATHER / FORCE MAJEURE

Provider is not liable for delays, missed visits, or service modifications resulting from:

- Severe weather
- Natural disasters
- Unsafe travel conditions
- Utility outages
- Other circumstances beyond Provider's control

Services may be modified for safety purposes without penalty. During severe weather conditions, outdoor time may be shortened and replaced with indoor enrichment or potty breaks as needed.

Clients are strongly encouraged to maintain an emergency backup plan during winter storms or other major weather events.

22. CONFIDENTIALITY

Provider agrees to maintain confidentiality regarding:

- Home access information
- Client personal information
- Pet medical information
- Security codes and keys

23. PHOTOGRAPHY RELEASE

Client grants permission for Provider to:

- Take photos and videos of pets for visit updates
- Use non-identifying pet images for marketing or social media purposes

Client may opt out of public photo usage at any time in writing.

24. HOLIDAY SERVICE PERIODS

Holiday fees apply during major holiday periods, including but not limited to:

- New Year's Eve & New Year's Day
- Easter
- Memorial Day

- Independence Day (July 4th)
- Labor Day
- Thanksgiving Week
- Christmas Eve & Christmas Day

Holiday periods may include surrounding peak travel dates.

25. GOVERNING LAW

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Ohio.

26. ENTIRE AGREEMENT

This document represents the full agreement between Provider and Client and supersedes any prior verbal or written agreements.

27. ACKNOWLEDGMENT

By signing below, Client acknowledges they have read, understood, and agreed to all terms outlined in this Agreement.

CLIENT SIGNATURE: _____ DATE: _____

PROVIDER (RVT): _____ DATE: _____