

Pet Passport

Owner Name(s) _____

Address _____

Email _____ Home Phone _____

Building Name _____ Work Phone _____

Neighborhood _____ Cell Phone _____

Cross Streets _____ Other Phone _____

Which locks and doors are keys for? _____

Security System Instructions _____

Emergency Contact _____ Phone _____

Person(s) with keys to home _____ Phone _____

Pet Name	Age/Sex	Breed	Color	Temperament

Health Concerns or Medication Instructions: _____

Food and Water: (When, where, what, and how much do pets each get fed?)

Morning _____

Mid-day _____

Evening _____

Can pets have treats? _____

Walking/Exercise: (What is pet's routine, what commands does s/he know, does s/he pull on the leash, which collar/leash should walker use? _____

20-30 min other _____

How will your pet(s) react when a new person enters the home without you there? _____

Is pet okay with other pets? _____ Location of food/dish: _____

Is pet okay with other people? _____ Location of leash: _____

Where are cleaning supplies? _____ Location of treats: _____

Where should walker/sitter throw away bags after walks? _____

Where should walker/sitter leave pet after the visit? _____

Pet Walking \$ _____ Morning \$ _____ Midday \$ _____ Evening \$ _____ Weekend \$ _____

Grooming \$ _____ Per Groom

Pet Taxi \$ _____ Per Taxi

Keys: CNP Inc. requires two sets of keys. We give one set to the primary sitter to use during the scheduled visits, and keep the second set in the office. This way, in case of a mishap, we will still be able to care for your pet in a timely manner. After services are completed, we will keep both sets of keys on file.

If you provide only one set of keys, we will make a copy of all keys in that set, assessing a \$10 fee per key.

If you choose not to keep keys on file at CNP Inc. we will assess a \$15 fee for key return after your service is completed, and we will assess a \$15 fee for key pickup when you next schedule service.

Payment: Advance payment is required for pet-sitting. Please mail checks to the office; do not leave them in your home for the pet-sitter, who then must mail them to the CNP Inc office. Mid-day walking: a 5% late fee will be assessed if your monthly dog-walking bill is not paid by the 20th of each month.

Client has given CNP Inc: ___ set(s) of ___ key(s)

- **Claws-N-Paws, Inc.** agrees to provide services as outlined in the Pet Passport and your invoices. The client waives and relinquishes any and all claims against **Claws-N-Paws, Inc.** and its employees or independent contractors, unless **Claws-N-Paws, Inc.** is negligent and does not perform as agreed herein.
- The client gives **Claws-N-Paws, Inc.** permission to seek medical attention for the pet(s) listed in this contract if the pet(s) become sick or injured while under the care of **Claws-N-Paws, Inc.**
- Additional services requested by the client will be paid for at the established rates at the time of service. Any additional necessary costs incurred by **Claws-N-Paws Inc.** such as food, supplies, or vet fees shall be paid by the client. If an emergency veterinarian trip is required, client(s) is responsible for all veterinarian fees and a \$30/hour fee charged by **Claws-N-Paws Inc.** for an employee of the company to transport and accompany the pet. Client agrees to provide the necessary supplies for the pet(s) care for the duration of service. If it is necessary for **Claws-N-Paws Inc.** to obtain additional supplies, client is responsible for the cost of the supplies and a \$20/hour shopping fee.
- Client has read and agrees to the policies and procedures of **Claws-N-Paws Inc.**
- **Claws-N-Paws Inc.** and its employees or independent contractors shall not be held responsible for the loss, injury or death of any pet(s) that the client has let outside or has instructed the sitter to allow outside.
- The client waives and relinquishes any and all claims against **Claws-N-Paws Inc.** and its employees or independent contractors if other person(s) have access to the home of the client or the pets under the care of **Claws-N-Paws Inc.** for any period of time covered by this contract.
- The client agrees to provide **Claws-N-Paws Inc.** with working keys for all locks on the agreed upon entrance door. In the event that **Claws-N-Paws Inc.** cannot enter the home with the existing keys, a lock breaks, or additional keys are needed for entrance and a locksmith is needed, client agrees to pay for locksmith services.
- **Claws-N-Paws Inc.** reserves the right to refuse service if a pet has a history of biting or other aggressive behavior, if a client requests services or treatment of the pet that the company does not agree with, or if any employee is uncomfortable with any aspect of the pet or home. The client is liable for any medical care expenses and damages incurred by **Claws-N-Paws Inc.** that result from a bite from a client's pet.
- The client ensures that all licenses and vaccinations required by the State of Virginia/District of Columbia/State of Maryland and/or the county and city of residence are current and up to date.
- The client authorizes this contract to be valid approval for future services so as to permit **Claws-N-Paws Inc.** to accept telephone reservations and enter the client's premises without additional signed contracts or written authorizations.
- It is the client's sole responsibility to pet-proof any areas of the home and/or property to which the pet(s) has access. This includes thoroughly inspecting fences, gates, crates, latches, doors and other devices meant to keep the pet(s) inside of or away from any areas pets may have access to. **Claws-N-Paws Inc.** does not assume and has no liability for any injuries the pet may sustain while in its own home/property.
- A fee of \$25 will be assessed for all returned checks.

Claws-N-Paws Inc. _____ Date _____

Client _____ Date _____

Client (print name) _____

Veterinarian Release

Veterinarian Name _____

Hospital _____

Address _____

Phone Number _____

During my absence, a representative of **Claws-N-Paws Inc.** will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return. Please file this form with my records.

Pet Owner/Client _____

Pet(s) _____

Address _____

Phone Numbers _____

I, _____ (pet owner/client) hereby give **Claws-N-Paws Inc.** my express permission to transport any of my pets for care to the above-mentioned veterinarian (or to closest facility in event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following: _____

The maximum amount of money I wish to be spent on the veterinary care of my pet in my absence is: _____

In the unlikely event that my pet should pass away in my absence, the following are my wishes: _____

Claws-N-Paws Inc. Date

Pet Owner (Client) Date