



3150 18th St., Suite 103 San
Francisco, CA, 94110
Voice: (415) 437-2287
Fax: (866) 560-1609
missioncats@missioncats.net
www.missioncats.net

In Home Care

Owners Name: _____

Home Address: _____

Phone number(s): _____

E-Mail: _____

Service start date: _____ Service End Date: _____

Number of Visits: _____

Cat(s) Names: 1. _____ 2. _____

2. _____ 4. _____

Describe your cat(s) in one sentence: _____

Is your cat(s) current with FVRCP Vaccinations? Y N

Is your cat(s) current with Rabies Vaccinations? Y N

Is your cat(s) on any medications? Provide dosage and schedule: _____

Tips & tricks used to administer medication: _____

Feeding schedule and amount(s): _____

Where does your cat(s) like to hide or sleep? _____

How does your cat(s) like to play? _____

Areas to avoid when petting your cat(s)? _____

Where is the litter box? _____

Additional food? _____

Emergency Contact

Name: _____ Phone number: _____

Relationship: _____ Do they have a key? Y N

Veterinarian

Name: _____ Phone number: _____

Address: _____

Does anyone else have keys? Y N Name and number: _____

Leave keys at home on Last Visit? Y N

Keep keys for future visits: Y N

Additional information: _____

Signature: _____

Date: _____



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Service Agreement

I agree to reimburse “*Mission: Cats*” for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected home, food, or other supply needs. Client also agrees to reimburse “*Mission: Cats*” for additional time accrued at the rate of \$40.00 per hour in the case of such an emergency.

I agree to pay in full at the time of consultation visit or at the time of reserving service for any given date.

If I arrive home early I have the right to decide if I wish “*Mission: Cats*” to continue to care for my pets or not but I understand that FULL payment is still due as “*Mission: Cats*” has reserved this time slot in order to care for pets.

I understand that if my absence must be extended “*Mission: Cats*” requires *direct* confirmation for the unscheduled visits.

LIABILITY

1) Customer expressly waives and relinquishes any and all claims against “*Mission: Cats*”, its employees and associates.

2) “*Mission: Cats*,” company owner, agents, assigns, successors and heirs are not liable and are completely indemnified for any and all liability stemming from the act(s) or failure to act of third parties, whether known or unknown, including but not limited to, friends, neighbors, relatives or other service persons, that shall enter your residence for any purpose while “*Mission: Cats*” is caring for your pets. List the names and phone numbers of persons with access and permission to enter your home in the designated area on the following page.

3) It is expressly understood and agreed that “*Mission: Cats*” shall not be held responsible for any damage to Client's property, or that of others, caused by Client's pet(s) during the period in which the pets are in the care of “*Mission: Cats*.” I also agree that it is my responsibility to notify “*Mission: Cats*” of any pet that has ever caused an injury to any human or other pet.

4) If a pet has a history of biting or other aggressive behavior, “*Mission: Cats*” reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for the representative's medical care expenses and damages that result from an animal bite.

5) I attest to the fact that all licenses and vaccinations required by the State of California, and City in which I reside and/or the County of San Francisco are current according to law. _____ (Initial here)

Future services:

I authorize this agreement to be valid approval for future services so as to permit “**Mission: Cats**” to accept my telephone or email reservations and enter my premises without additional signed contracts or written authorizations only with the understanding that dates and billing are subject to change.

Keep key on file _____ (initial here)

I have read and agree to the aforementioned Policies and Procedures that are a part of this service agreement. I have been provided with a signed copy for my records. I have completed and signed required veterinary release forms.

Name (please print): _____

Signature: _____

Date: _____

Any Additional notes or information?

FOR OFFICE USE ONLY

Keys received:

Keys on file:

Additional services:

- _____ \$10 Nail trim
- _____ \$25 per administration-- Subcutaneous Fluids
- _____ \$10 Extensive Brush Out
- _____ \$2/ Day E-mail updates (per cat)
- _____ \$25 Key Pick Up
- _____ Total Additional Services

Cat sitting is provided at \$45/per visit for up to 2 cats. Additional cats at \$15/visit: \$70 for two visits per day for up to 2 cats.

- _____ Price per visit
- x _____ Number of Visits
- = _____ Sub Total
- + _____ Additional Services
- _____ Discounts and Coupons
- = _____ Total

Payment Due: _____ Date received:



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Advanced Directives for Medical Care in Owners Absence

I understand that if my pet is suffering from a critical injury, illness or disease that carries a guarded to poor prognosis where resuscitative efforts or humane euthanasia may become necessary. Should, based on the medical judgment of veterinary staff, my pet's medical condition deteriorate and I cannot be reached to make timely decisions regarding his or her care, I request that the Mission: Cats pursue such medical care as indicated below.

Cardiopulmonary Resuscitation (Please Choose One)

_____ *REQUEST FOR CPR.* I direct that, if required, cardiopulmonary resuscitation be performed on my pet, which means all medically reasonable attempts will be made to resuscitate my pet. I understand that the survival rate of animals requiring CPR is poor (less than 10%). I further understand that veterinarians are not on the premises at Mission: Cats and that, regardless of this election, CPR is not possible after hours (7pm to 8am) during these hours. The cost estimate for CPR by a vet is \$800-\$1,000.

_____ *DECLINE CPR.* I direct that no attempt to resuscitate my pet be made, which means withdrawing all life sustaining procedures, methods and devices, including cardiopulmonary resuscitation, respiratory support, injectable medications, and artificially administered feeding and fluids.

Humane Euthanasia (Please Choose One)

_____ *REQUEST FOR HUMANE EUTHANASIA.* In the case of sudden deterioration of the health of my pet such that he or she appears to be experiencing pain or suffering that cannot be ameliorated with medications or supportive care, I direct that my pet be humanely euthanized to prevent such further pain or suffering. The cost estimate for humane euthanasia is typically under \$200.

_____ *DECLINE HUMANE EUTHANASIA.* I direct that humane euthanasia not be performed on my pet without my prior consent, even in instances of extreme pain or suffering.

Liability Release

In consideration for following my wishes, I hereby forever release Mission: Cats, its staff and authorized representatives from any and all liability and claims for damages, including claims for death, injury or property damage, whether or not resulting from negligence or misconduct attributable to such parties, that I may have or that may subsequently accrue to me, as a result of honoring this directive, and I declare that such parties are acting in accordance with my directions. I further agree to indemnify such parties for any third-party claims that I am not authorized to act on the animal or owner's behalf.

I certify that I am the legal owner or the duly authorized agent for the owner of the pet identified above. I understand that my wishes may be carried out immediately upon my signing this agreement. Applicable fees have been explained to me, and I assume full responsibility for all charges applicable to these services. I have carefully read and fully understand the foregoing provisions.

We will make every reasonable attempt to contact you should your cat become ill or injured during their stay at Mission: Cats.

Any decision you make while on the phone shall supersede your written directives.

If we are unable to reach you, we will attempt to reach your emergency contact. Please discuss with them your wishes so they can be prepared to make decisions on your behalf.

Signature: _____

Date: _____