

In Home Care Forms

Date	(1)	Cat(s) Name(s)	(2)	
Age(s)		Color(s)		
Client Information				
Name	Additional Names	Phone		
Address	City, State	Zip		
Service Start Date/Time	Service End Date/Time			
Briefly Describe Your Cat(s):				
Number Visits Per Day	Total Number of Visits for Reservation			
Feeding	Medications			
Special Needs/Request (Water Plants)	Special Needs/Request (Collect Mail, etc...)			
Emergency Contact Name/Phone	Veterinarian/Phone			



In Home Care Forms (additional information)

Things your cat hates: _____

Things your cat loves: _____

Where is your litter box located? _____

Where are your litter box supplies located? _____

Accident clean up instructions: _____

Emergency Instructions: _____

Do you rent or own? _____

Landlords Name: _____ Phone Number: _____

Do you have an alarm system? Y/N

Please provide instructions about your alarm system or security gate: _____

Other Notes: _____





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 \$45.00 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 their 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 & Alameda County 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. 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? _____

