

**SERVICE CONTRACT**

petsbestfriend@embarqmail.com  
www.petsbestfriendinc.com



**Pet's  
Best  
Friend**<sup>SM</sup>

"In-Home Pet Care, When You Can't Be There"

**PET'S BEST FRIEND, INC.**  
1071 N. Winstead Ave.  
Rocky Mount, NC 27804  
(252) 937-7205  
Fax (252) 937-7648

**CLIENT INFORMATION**

EMAIL ADDRESS: \_\_\_\_\_

CLIENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE/PAGER: \_\_\_\_\_

LOCAL EMERGENCY CONTACT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(In the event we are unable to contact you, someone who may act on your behalf, other than the vet.)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PET INFORMATION**

VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE ALL PETS' VACCINATIONS CURRENT? \_\_\_\_\_ **WE DO NOT SIT FOR ANY PET WHOSE VACCINATIONS ARE NOT CURRENT.  
\*WE DO NOT SIT FOR ANY PET WHO IS IN HEAT\***

(1) PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEARTWORM PREVENTION/DATE: \_\_\_\_\_ FLEA CONTROL: \_\_\_\_\_

FEEDING ROUTINE: \_\_\_\_\_

TREATS: \_\_\_\_\_ EXERCISE: \_\_\_\_\_

MEDICAL HISTORY / MEDICATIONS: \_\_\_\_\_

(2) PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEARTWORM PREVENTION/DATE: \_\_\_\_\_ FLEA CONTROL: \_\_\_\_\_

FEEDING ROUTINE: \_\_\_\_\_

TREATS: \_\_\_\_\_ EXERCISE: \_\_\_\_\_

MEDICAL HISTORY / MEDICATIONS: \_\_\_\_\_

(3) PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEARTWORM PREVENTION/DATE: \_\_\_\_\_ FLEA CONTROL: \_\_\_\_\_

FEEDING ROUTINE: \_\_\_\_\_

TREATS: \_\_\_\_\_ EXERCISE: \_\_\_\_\_

MEDICAL HISTORY / MEDICATIONS: \_\_\_\_\_

(4) PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEARTWORM PREVENTION/DATE: \_\_\_\_\_ FLEA CONTROL: \_\_\_\_\_

FEEDING ROUTINE: \_\_\_\_\_

TREATS: \_\_\_\_\_ EXERCISE: \_\_\_\_\_

MEDICAL HISTORY / MEDICATIONS: \_\_\_\_\_

(5) PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEARTWORM PREVENTION/DATE: \_\_\_\_\_ FLEA CONTROL: \_\_\_\_\_  
FEEDING ROUTINE: \_\_\_\_\_  
TREATS: \_\_\_\_\_ EXERCISE: \_\_\_\_\_  
MEDICAL HISTORY / MEDICATIONS: \_\_\_\_\_

### **HOUSEHOLD SERVICES SECTION**

PLEASE CHECK ANY OF THE FOLLOWING SERVICES DESIRED:

MAIL \_\_\_\_\_ NEWSPAPERS \_\_\_\_\_ WHERE DO YOU WANT US TO PUT THESE? \_\_\_\_\_  
LIGHTS \_\_\_\_\_ INSTRUCTIONS: \_\_\_\_\_ BLINDS/DRAPES \_\_\_\_\_ INSTRUCTIONS: \_\_\_\_\_  
WATER PLANTS \_\_\_\_\_ INSTRUCTIONS: \_\_\_\_\_  
RADIO / TV \_\_\_\_\_ INSTRUCTIONS: \_\_\_\_\_  
GARBAGE P/U DAY \_\_\_\_\_ RECYCLING P/U DAY \_\_\_\_\_  
KEEP KEY ON FILE \_\_\_\_\_ LEAVE KEY ON LAST VISIT \_\_\_\_\_ INSTRUCTIONS: \_\_\_\_\_ (FEE MAY APPLY)  
SECURITY SYSTEM CODE \_\_\_\_\_ PASSCODE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
MONITORING CO. / PHONE \_\_\_\_\_ TECHNICIAN / PHONE \_\_\_\_\_

EXTRA SERVICES (FEES MAY BE NEGOTIABLE FOR THESE): \_\_\_\_\_

Pet's Best Friend, Inc. agrees to exercise due and reasonable care in the execution of the services listed above. If the animal(s) becomes seriously ill while under our care, you will be notified at once if you have left an emergency number with us to contact you. If you cannot be reached, we will attempt to notify the emergency contact. If the animal's condition requires immediate action, we have the right to notify the veterinarian listed above; if no veterinarian is listed or if we cannot contact the listed veterinarian, we have the right to call a veterinarian of our choice and/or transport the animal to a veterinarian in either case. All veterinarian's fees are payable in full by you. In addition, Pet's Best Friend, Inc. shall not be responsible for the pet's welfare when it will not return to the house or enclosure if we have been instructed to let the pet out for exercise. The fee owed under this agreement shall be earned and payable even though we are unable to perform the services because of the animal's behavior (running off, vicious behavior, etc.) if we have made a reasonable effort to perform the necessary service. Pet's Best Friend, Inc. shall not be responsible for the injury or death of any animal(s), nor for the damage caused to your property or to the property of others by your pet, nor for damage caused to your home or yard by others lawfully or unlawfully on your property while our services have been engaged, except in those instances where we have been guilty of willful or wanton negligence in the performance of our services. We do not job share with others.

Fees are based on the number of pets per household, and the number of visits per day within the Pet's Best Friend service area. For clients having 1-3 pets, the fee is \$20 per visit. For clients having more than three pets, there will be an added fee of \$5.00 per visit, for each increment of three pets over the initial three. An additional Holiday Fee of \$8 per visit will be charged for sitting services rendered on New Year's Eve, New Year's Day, Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day. Fees for clients requiring special services may be higher and will be agreed upon at the time of employment. Late reservation and cancellation fees will be assessed during holiday periods: cancellations with less than 48 hours notice and reservations with less than 24 hours notice, will be charged one normal visit charge. If you choose not to let us keep your key on file, there will be a \$20 key charge assessed against your account each time you drop off or pick up your key at our office. If you do not book reservations, or elect not to use our service, or cancel your reservations after we have met with you for the Initial Consultation, you will be billed a consultation fee equal to one normal visit. If we run out of your supplies (pet food, cat litter, medications, etc.) while our services have been engaged, we will purchase the necessary supplies in order to complete our services. The cost of the supplies are payable in full by you along with a \$25.00 purchase fee charged by us for our expenses incurred in the purchase of the supplies. If you return from your trip early and do not notify us in person by telephone (not by a message left on a machine) and the sitter arrives for the next scheduled visit, then you will be charged for that visit at the set rate. Transportation fees to the vet or boarding facility are \$20.00 one way, and \$30.00 round trip (same day). Mid-day dog walking is \$17 per walk with a minimum of four walks per week required. Less than four walks per week, will be billed at the normal one visit rate. Extra time spent over and above the visit time - at the vet's office with your pet, handling difficult animals, administering medications, cleaning up, watering plants, etc. - will be billed at the rate of \$37 per hour. Fees are subject to change without notice.

Payments for services to be rendered by Pet's Best Friend, Inc. are to be made in the form of cash, money order, or personal check and left for the sitter on his/her first visit. If payment is not left on the first visit, a \$10 non-compliance fee will be assessed. Late payments will also be subject to a monthly interest charge of one and one half percent of the payment due, with a minimum charge of \$5. There will be a service charge assessed for all returned checks at the highest fee permitted under North Carolina General Statutes §25-3-512.

You acknowledge that once this agreement has been executed by both parties, we may accept telephone calls from you to employ our services without each separate reservation having to be in writing.

Date: \_\_\_\_\_ (SEAL)  
Client \_\_\_\_\_  
Date: \_\_\_\_\_ By: \_\_\_\_\_  
Pet's Best Friend, Inc.