

Whiskers & Wags Pet Services Donia Roorda

(403) 831-1915
doniaroorda@gmail.com

Information Sheet

How did you hear about us? _____

Contact Information

Name: _____

Home Phone: _____ Work Phone _____ Mobile Phone _____

Address: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Key to House: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Key to House: Yes No

Home Information

Do you have a security alarm? Yes No

Alarm Code, Directions & Password: _____

Will anyone else be in your home while you are away? (Who & When): _____

The following services are free of charge check those that apply:

Light Rotation Blind/Curtain Rotation Water Plants

Bring in Mail Garbage Out Heat or A/C Rotation

Pet Information (For additional information please use the back of this page)

Name: _____ Age: _____ Breed: _____

Diet: _____ Feeding Amount: _____

Special Needs or Medications: _____

Name: _____ Age: _____ Breed: _____

Diet: _____ Feeding Amount: _____

Special Needs or Medications: _____

Veterinarian Information

Clinic: _____ Name: _____

Phone: _____ Address: _____

In the event of an emergency if routine veterinarian is not available, I authorize WWPS to seek another veterinarian. _____

Client Initials

In the event of an emergency I authorize WWPS to authorize necessary care for my animals in my absence. I authorize you to treat my pets and I will be responsible for payment of their treatment upon my return _____

Clients Initials

Locksmith Release

In my absence WWPS will be responsible for looking after my pets inside my home. It is imperative that they have access into my home. In the event of a lock or key malfunction I authorize you to execute necessary lock services for my home and I will be responsible for payment of said services upon my return. _____

Clients Initials

Service Agreement

1. Client will not hold WWPS accountable for any damage to clients property, property of others, or bodily harm to others than has been caused by clients pet.
2. Client certifies that his or her pet(s) are up to date on recommended vaccinations and have been seen by a veterinarian. The client has made WWPS aware of any disease or illness the pet(s) may have.
3. Client agrees that WWPS will not be liable for the injury, disappearance, death or fines of any pet(s) that are left with unsupervised access to the outdoors.
4. Client agrees that any behavioral issues the pet(s) may have, have been communicated with WWPS.
5. Client agrees to compensate for any liability or damages suffered by WWPS by vicious or violent behavior by the pet(s) cared for, whether or not this behavior has been previously displayed.
6. Client agrees to have sufficient food, water, medication, or other necessary supplies readily available to WWPS prior to departure. Client agrees to reimburse WWPS for any supplies needing to be restocked for satisfactory completion of duties.
7. Client agrees to pay \$35.00 fee for any returned cheques.
8. In the event of personal emergency, injury, or illness, the client authorizes WWPS to arrange for another qualified individual to fulfill the responsibilities set forth.
8. WWPS is to perform services discussed in a timely, professional, and caring manner.
9. Client releases WWPS from any liability arising out of the services provided, except for direct injuries to the pet(s) or to the tangible property resulting from gross negligence or intentional misconduct.

The Signatures below indicate agreement to the above terms

Client Signature _____

Client Printed Name _____

Date _____

WWPS Signature _____