

Pet Care Agreement

This Client Services Agreement (“Agreement”) establishes the terms for pet care services between Metro Pet Care LLC, an independently owned and operated LLC. (“Metro Pet Care”) and the client (“I”).

Signed client service agreement and veterinary release form must be provided before service.

(read each bullet point and sign the form below):

I request that Metro Pet Care provide pet care services to my pet(s). The parties agree to the following terms:

Pet Care Services

- Metro Pet Care shall provide pet care services that I choose from Metro Pet Care website (“Services”).
- In the event of inclement weather, Metro Pet Care may use its reasonable judgment in caring for pet(s).
- I shall pay Metro Pet Care based on the rates on the Metro Pet Care website. Metro Pet Care may change the rates for Services at its discretion prior to performance of Services. Any change in rates for Services will be communicated to you.
- I shall pay Metro Pet Care for Services within 24 hours of performance except as provided below.
- If I book and hold dates for overnight care services, I shall pay a mandatory up-front **50% deposit** to Metro Pet Care. I shall pay remaining balance within 24 hours of Service ending.
- All deposits paid to Metro Pet Care are non-negotiable and non-refundable but can be used as a credit towards future Services.

Cancellation Policy

- If I cancel 24hrs prior to the time of Services, I shall still be responsible for payment of Services.
- If I cancel the day of Services, I shall still be responsible for payment of Services.
- If I cancel before 24hrs prior to the time of Services, I shall not be responsible for payment of Services.

Obligations

- I shall be solely responsible for any and all acts of behavior, including aggression, that takes place during care.
- I shall be liable for all medical expenses and other damages resulting from my pet’s conduct.
- Metro Pet Care shall carry a reasonable liability insurance relative to the Services.
- Metro Pet Care shall keep safe any confidential keys, remote control entry devices, access codes and personal information of mine.
- I shall notify Metro Pet Care of any concerns related to pet care, if any, within 24 hours of return.

Waiver of Liability

- Metro Pet Care shall not be liable for any breach of security or damages to my property if any other person has access to the property.
- I release Metro Pet Care from all liability related to transporting pet(s) and any medical expenses related of the pet(s).

This Agreement including attachments constitutes the entire agreement between the parties. Any alteration to this agreement must be in writing and signed by both parties. This Agreement is effective the date signed and replaces any prior agreements. **I have reviewed this Agreement and understand the contents of this form.**

Client Signature: _____ **Date:** _____ **Phone:** _____

Print Name: _____ **Emergency Contact:** _____

Address: _____ **Email:** _____

Veterinary Release Form

*In the event of a medical emergency, I will attempt to contact you by phone.
If I cannot contact you by phone, this form will allow me to provide care for your pet.*

My Information

Name: Megan Beirne
Business Name: Metro Pet Care LLC
Address: 5820 45th Ave S, Minneapolis, MN 55417
Cellphone: 507-421-2789

Pet Information

Name: _____	Breed: _____	Color: _____	Birth-date/age: _____
Name: _____	Breed: _____	Color: _____	Birth-date/age: _____
Name: _____	Breed: _____	Color: _____	Birth-date/age: _____
Name: _____	Breed: _____	Color: _____	Birth date/age: _____
Name: _____	Breed: _____	Color: _____	Birth-date/age: _____
Name: _____	Breed: _____	Color: _____	Birth date/age: _____

Primary Veterinary Information

Primary vet clinic: _____
Vet's name: _____
Address: _____
Phone number: _____

Emergency Clinic: _____
Vet's name: _____
Clinic address: _____
Phone number: _____

I shall be wholly responsible for the payment of any veterinary services provided.

Signed: _____ **Date:** _____

Pet Information

Name of Pet: _____ Birthday: _____ Male/Female: _____

Age: _____ Weight: _____ Breed: _____

Neutered/Spayed/Unaltered: _____ Micro-chipped? (Y/N) _____

Allergies: _____

Friendly with other dogs? (yes; no; explain): _____

Friendly with adults/children? (yes; no; explain): _____

Feeding routine/amount/location: _____

Medication (name, dosage, administration): _____

Exercise schedule (activity, frequency/location, preferred time for exercise): _____

Harness/leash location: _____

How long is your pet okay being left alone? _____

Additional Information we should know about your pet while caring for them (likes/dislikes, etc.):

Wi-Fi (if applicable): _____

Are you okay with your pet being posted to social media? (Y/N) _____

Pet Information

Name of Pet: _____ Birthday: _____ Male/Female: _____

Age: _____ Weight: _____ Breed: _____

Neutered/Spayed/Unaltered: _____ Micro-chipped? (Y/N) _____

Allergies: _____

Friendly with other dogs? (yes; no; explain): _____

Friendly with adults/children? (yes; no; explain): _____

Feeding routine/amount/location: _____

Medication (name, dosage, administration): _____

Exercise schedule (activity, frequency/location, preferred time for exercise): _____

Harness/leash location: _____

How long is your pet okay being left alone? _____

Additional Information we should know about your pet while caring for them (likes/dislikes, etc.):

Pet Information

Name of Pet: _____ Birthday: _____ Male/Female: _____

Age: _____ Weight: _____ Breed: _____

Neutered/Spayed/Unaltered: _____ Micro-chipped? (Y/N) _____

Allergies: _____

Friendly with other dogs? (yes; no; explain): _____

Friendly with adults/children? (yes; no; explain): _____

Feeding routine/amount/location: _____

Medication (name, dosage, administration): _____

Exercise schedule (activity, frequency/location, preferred time for exercise): _____

Harness/leash location: _____

How long is your pet okay being left alone? _____

Additional Information we should know about your pet while caring for them (likes/dislikes, etc.):
