



Jesi Kirk
919-645-8203

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www.howlingmoonpetcare.com

Contract and Release Form

I, _____, (the Client) give Jesi Kirk (Howling Moon Pet Care) permission to enter my home and care for my animal(s) in my absence. I have given Jesi Kirk a working key to my home. Jesi Kirk will not be held liable for the injury, disappearance, death, or fines associated with any pet while in her care.

Emergency Contact Information

List a friend, relative or your nearest neighbor. Tell this person the dates you will be gone and make sure they have access to a working key.

In the event something unforeseen happens to Jesi Kirk, my designated emergency contact will assume Jesi Kirk's responsibilities. Jesi Kirk, or her designee, will personally notify me and my emergency contact in such an event.

Name: _____

Relationship to Client: _____

Phone Number: _____ Cell Number: _____

Visual Description of Emergency Contact: _____

1. Client authorizes Jesi Kirk to obtain any emergency veterinary care that may be deemed necessary during the time spent with my pet(s). I accept full responsibility for any charges related to this emergency care up to amount listed on Veterinary Release Form. I also authorize Jesi Kirk to utilize an

alternative veterinarian in the event my regular veterinarian is unavailable. Every effort will be made to contact me, the Client, prior to obtaining emergency care.

2. Jesi Kirk accepts no responsibility for security of the premises or loss especially if other individuals have access to my home during the term of this agreement and any subsequent agreements.

3. Jesi Kirk agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, Client expressly waives and relinquishes any and all claims against Jesi Kirk. Client agrees to notify Jesi Kirk of any concerns within 24 hours of the end of initial or subsequent agreements.

4. Client will be fully responsible for all medical expenses and damages resulting from an injury to Jesi Kirk or other animals by the pet(s). Client agrees to indemnify and hold harmless Jesi Kirk in the event of a claim by any person injured by the pet(s).

5. It is expressly understood that Jesi Kirk 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 they are in her care.

6. Future Services: I authorize this contract to be valid approval for services so as to permit Howling Moon Pet Care to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations. I also agree to any future changes Howling Moon Pet Care may have in rates or service; and, I will be notified when I book if there are any changes. I agree to provide Jesi Kirk with updated emergency contact information as applicable.

7. Nonrefundable deposit for cancellations: Client is required to pay 50% of predicted bill at the time of reservation. Full payment is due at beginning of service and the deposit will be applied. If a cancellation becomes necessary, client will forfeit deposit in full.

I, the Client, certify all the above information is true and completed to the best of my knowledge. I have read the terms of this agreement and confirm the accuracy of the information provided. I will notify Jesi Kirk of any changes prior to the commencement of any service period.

Client Signature

Date

Pet Guardianship Form

Client Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name of Pet(s): _____

*In the event of an emergency, as deemed by Jesi Kirk, I authorize care of my pet(s) and my home to be relinquished to:

Name: _____

Relationship to Client: _____

Phone Number: _____ **Cell Number:** _____

Visual Description of Guardian: _____

Client Signature

Date

****Pet guardian must present valid identification prior to release.***

Veterinary Release Form

VETERINARIAN INFORMATION:

Hospital Name: _____

Veterinarian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To the Hospital:

Jesi Kirk has been contracted to care for my pet(s) and has my permission to place them in your care in case of an emergency. Jesi Kirk will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment in full of any fees as stated below. **Please file this form with my records.**

Pet Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Pet(s): _____

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pet(s). If neither of these veterinarians are available, I give Jesi Kirk permission to take my pet(s) to the nearest animal hospital or emergency clinic.

2. I give Jesi Kirk permission to approve treatment up to \$_____ per incident, per pet, in case you are unable to contact me or my emergency contact listed on my contract with Howling Moon Pet Care. (_____ initial)

3. I understand Jesi Kirk assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

4. Other conditions, if any: _____

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date unless otherwise noted.

Client Signature

Date