

It is important that you provide all of the information below so that we have the correct contact information on file. Please be sure to provide a valid email address for correspondence such as confirmation letters and invoices. If any of the information below changes, please contact our office at 561-460-3586 so that we may update your records.

Primary Owner

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Best number to reach you at during business hours? _____

Secondary Owner- Authorized to schedule services & make decisions regarding care of your pets

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact- In event that the Primary or Secondary contacts are unreachable

First Name _____ Last Name _____

Best phone number _____

How did you hear about Lulu's Zoo? Anyone we can thank? _____

Please complete for each pet in your household.

Name of Pet _____ Type of Animal _____

Breed/Description _____

Birthday/Age _____ Gender _____ Spayed/Neutered? _____

Feeding Instructions	Medication Instructions
Allergies?	Health Issues (Past or Current)?
<u>Morning</u>	<u>Morning</u>
<u>Midday</u>	<u>Midday</u>
<u>Evening</u>	<u>Evening</u>

Any special instructions pertaining to this pet that we should be aware of to keep them as happy and comfortable as possible: _____

Primary Veterinarian

Hospital Name _____ Doctor Name _____

Address _____ City _____ Zip _____

Phone Number _____

Does this facility offer emergency service after hours? _____

After Hours Facility if Different from Above

Hospital Name _____

Address _____ City _____ Zip _____

Phone Number _____

I understand that in the event of an emergency, Lulu's Zoo Pet Sitting LLC will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Lulu's Zoo Pet Sitting LLC to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the veterinary hospital specified above. However, if the situation does not permit this, Lulu's Zoo Pet Sitting LLC has my permission to seek treatment at any veterinary hospital necessary.

Furthermore, I agree to reimburse Lulu's Zoo Pet Sitting LLC within 14 days of incident for all veterinary fees and all related costs in any amount up to _____ **(Please specify dollar amount per pet. Common amounts are \$200, \$1000 or unlimited)**

This release does not expire and will remain valid for all future Lulu's Zoo Pet Sitting LLC services.

Client Name _____

Signature _____ Date _____

Lulu's Zoo Pet Sitting LLC

Service Agreement & Liability Waiver

Lulu's Zoo Pet Sitting LLC provides high quality, professional pet sitting services. Lulu's Zoo Pet Sitting is licensed, bonded and insured. For the purposes of this contract, the term "company" refers to Lulu's Zoo Pet Sitting LLC. The term "client" refers to the pet owner and/or homeowner who are engaging the services of Lulu's Zoo Pet Sitting LLC. The term "pet" (in both singular and plural forms) means any animal under the care of Lulu's Zoo Pet Sitting LLC.

Client agrees to notify company in the event that the client is delayed in returning home. Client further agrees to pay company for any additional visits required until the client returns home. Client agrees to pay company in full with 48 hours of the completion of services.

Client grants permission for company to act on their client's behalf, and in the pet's best interest, by obtaining veterinary care should it be deemed necessary by the company for the health and well-being of the pet. Client agrees to pay for/reimburse the cost of any and all veterinary services that the company may incur. Client releases company from all liability related to transportation, treatment or expenses resulting from any emergency or special needs as determined by company.

Company agrees to provide services in a reliable and trustworthy manner. In consideration of the services, and as an expressed condition thereof, the client expressly waives and relinquishes any and all claims against the company unless arising from deliberate negligence on the part of the company. Client understands the potential harm could occur to the pet while in the care of the company. Client agrees to release and hold harmless the company from liability including its owners or employees, should pet become lost, injured or otherwise harmed. Likewise, client agrees to release and hold harmless the company should client's home suffer any damage not due to any negligence on the company's part.

In the event of incompatibility, personal emergency, illness, injury or unavailability on the part of the company, client authorizes company to arrange for another qualified individual to fulfill the services contracted or to arrange for alternative care for the pet. Client further agrees to promptly reimburse company for any additional costs incurred due to providing alternative care for pet.

This contract is for the total number of visits or care, at the total cost, listed in the invoice and shall be extended or renewed upon clients request in the future. The term of this contract shall commence on this date and terminate in 36 months. Upon client's request to provide services in the future via phone, email, text or in person, client agrees that this contract shall be extended, in its entirety, with further written authorization. The term of said extension shall commence on the date services are requested and shall terminate 36 months after the last date on which services are performed.

Understanding the risks as stated above, the client freely and voluntarily enters into this contract, including the release and waiver with company. Any exceptions to any part of this contract must be in writing and signed by all parties.

Client Signature: _____ Date: _____

Lulu's Zoo Representative: _____ Date: _____

Household _____

Start Date & Time _____

End Date & Time _____

Date	# of Visits	Daily Charge	Extras	Subtotal

Total _____

I, _____, have contracted Lulu's Zoo Pet Sitting to provide the above services for my pets. I agree to pay Lulu's Zoo Pet Sitting LLC the amount listed above within 48 hours of the agreed upon End Date.

There will be a \$20 Service Fee for each returned check.

Signature _____ Date _____