

# Home is where the Hound Is



## Service Agreement

### Client Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Mobile Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Where will you be staying?  
 Name/Hotel/Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Local Emergency Contact  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you like to receive email updates about your pet?  Yes  No

### Care Dates

Beginning: \_\_\_\_\_, 2012 AM MD PM Ending: \_\_\_\_\_, 2012 AM MD PM

Times of Visits: Morning: \_\_\_\_\_ Midday: \_\_\_\_\_ Evening: \_\_\_\_\_

Every effort will be made to visit your pet at the requested time, however, small scheduling adjustments may be made, typically no more than 30 minutes, prior to or after the requested time.

### Pet Information

Name	Canine/Feline/Other (Explain)	Breed	M/F	Color	Age	Attitude
1)						
2)						
3)						
4)						
5)						

Special Remarks About Any Pet: \_\_\_\_\_

### Meal and Feeding Information

Name	Kibble / Wet / Both	Brand	Amount	Times/Day	Treats? Qty / Day
1)					
2)					
3)					
4)					
5)					

Special Remarks About Meals: \_\_\_\_\_

### Excercise Information

Name	Does Pet Go Outside?	Can Play With Other Pets?	Any Special Considerations?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Remarks About Any Pet: \_\_\_\_\_

**Grooming Information**

Name	Does Pet Need Brushing?	Any Special Considerations?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Remarks About Any Pet:

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**Medication Information**

Name	Does Pet Take Medication?	Type	Quantity/Dosage	When
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special Remarks About Any Pet:

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**Veterinarian Information**

*All clients of "Home Is Where The Hound Is, LLC" are required to have a family veterinarian that may be contacted in the case of an emergency. If you do not have a family veterinarian, please write "Closest Emergency Vet" as the contact name.*

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_

Is your pet microchipped?  Yes  No

Do You Have Pet Insurance?  Yes  No

Policy # \_\_\_\_\_

If yes, please provide policy Company: \_\_\_\_\_

information: Contact #: \_\_\_\_\_

Date of last Rabies immunization:  1 YR  3 YR

By checking this box, I hereby acknowledge that my veterinarian is aware that we will be having a pet caregiver during our absence and any costs that are incurred for emergency veterinarian services during our absence for any of the pets listed in this agreement shall be paid for by us upon our return.

By checking this box, I authorize my **family veterinarian**, listed on this agreement to make decisions regarding the welfare of my pet(s), also listed on this agreement, in the event that I (we) are not able to be contacted for authorization. This authorization shall only be valid during the period of care indicated in this agreement.

**Where Did You Hear About Us?**

(Optional) We would love to know how you found out about Home Is Where The Hound Is, LLC. Please check as many as apply.

- The Communicator
- We saw your name on your Vehicle
- Maricopa Chamber of Commerce
- Local Forum \_\_\_\_\_ (write forum name)
- Direct Mail
- Flyer
- Pet Club - Maricopa
- Maricopa Women In Business
- InMaricopa.com (Newspaper/Magazine/Forum/Website)

- Friend / Family / Neighbor Referral

Name: \_\_\_\_\_

They will receive a discount off a future job for the referral.

- Vet / Groomer (Please specify below):

- Other (Please specify below):

**General Information**

Question	Explanation (if necessary)	
Is your pet allowed on the furniture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do your pets have run of the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where are they kept when alone?
Where is the litter box and extra litter?		
Where do you keep pet waste bags (old grocery bags are fine for us to use)?		
Where do you keep your trash bin for waste disposal?		
Where do you keep your pet's food?		
Where do your pets eat?		
Do you have an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your alarm code?
What is the alarm "secret password"?		
Do you use any special commands with your pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you keep any lights on inside for your pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones?
Do you want your outside lights turned on at night and off in the morning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any lights on timers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Will there be anyone else entering your home while you are gone, other than Home Is Where The Hound Is, LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If there will be other people entering your house, you must complete and sign our waiver of liability form.

Are there any other specifics that you would like us to know about prior to your first visit?  Yes  No

Please explain in the space below:

## Agreement

"Home Is Where The Hound Is, LLC" agrees to provide services to client listed in this agreement beginning and ending on the dates also indicated in this agreement. All services performed will be in accordance with the directions listed in this agreement. No deviation from those directions will be made without prior written consent by the client. Any changes to services must be done in writing and a copy of those changes must be attached to this agreement.

The client waives any claim against "Home Is Where The Hound Is, LLC", except when "Home Is Where The Hound Is, LLC" has been found to be negligent in its duties and responsibilities. At no time will "Home Is Where The Hound Is, LLC" be responsible for any liability arising from acts of God, including, but not limited to natural disasters such as fire, flood, hurricane, tornado, wind, rain or hail.

All payment for services shall be made no less than 14 days after services have been performed. Any deposit made to "Home Is Where The Hound Is, LLC" shall be applied to the balance due at the end of the service period. A final invoice for all services will be left in the home of the client after the final visit to the client's home.

Any estimates shall be good for 30 days.

### Choose Services:

- Canine Pet Service
- Feline Pet Service
- Other Pet Services (Birds, Reptiles, Rabbits, Etc.)

### Choose Additional Services:

- Additional Pets \_\_\_\_\_
- Holiday Days \_\_\_\_\_
- Bring Mail In (no charge)
- Bring Paper In (no charge)
- Water Plants (no charge)
- Change Light Scheme (no charge)
- Other \_\_\_\_\_

### Payment:

- Current customers in good standing are required to make payment in full no more than 14 days after the last date of service.
- New customers are requested to pay at consult or leave payment at the location of the visits and will be picked upon the first visit.

## Client Acceptance

I have read and understand the above agreement and accept all terms and conditions herein.

- Dates Checked for Accuracy
- All Pets Are Listed
- Deposit Paid (if necessary)

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Kimberly Diedrich  
Home Is Where The Hound Is, LLC  
22679 N. Davis Way  
Maricopa, AZ 85138  
Date  
480-452-7997