PEACE VALLEY PET CARE

A division of PV Pet Care LLC 610-996-5150

Client Information Contract Form – Complete at this Meeting (or)

- 1) Mail the completed forms to: Peace Valley Pet Care P.O. Box 1517, Doylestown, Pa. 18901
- 2) PDF all of the completed forms to peacevalleypetcare@gmail.com

Client's Name: First Name(s)							
First Name(s) Client's Street Address:	First Name(s) Last Name(s)						
		Zip Code					
Home Phone: ()	Work Phone:)	ext					
First Name Cell #	First Name	Cell #					
E-mail address:	E-mail add	ldress:					
	PEACE VALLEY PET CARE SCHEDUL	ING POLICY'S					
*	ust be made by contacting our office – by em	•					
	one – 610-996-5150 or Text 610-996-5150. (M nge or cancel any visits – no exceptions.	Monitored 24 Hours a day/ /					
 Weekends are very valuable to all of u Holiday's- Cancellation fees are strictly has contracted services, we will turn awa charged for the scheduled visit, any visit are cancelled during our holiday service, made due to family emergencies. All PV Gratuity for working on the holiday. If you have any delays in your return visits. NOTE: Our Staff cannot add 	bers other visits that may be available in their is: Once booked, you can cancel any visit but it is: Once booked, you can cancel any visit but it is imposed during Holiday periods We adher any business in order to accommodate their schess canceled 7 days prior to a holiday will be chart, it will be the responsibility of the client to pay APC Holidays additional Charges will be added travel plans while on vacation you must call or change any scheduled						
• • • • • • • • • • • • • • • • • • • •	· -	ote:					
		g (4 PM to 7:30 PM) □Late Night (8 PM to 9 PM) daySunday Optional – Target Time:					
Vacation Clients only: Free H	ome Care: Bring in Mail or I	Newspaper: Water Indoor Plants:					
Date 1st visit to be made:	☐ Morning ☐ Noon ☐ Even	ning Late Night - Requested Time:					
Visit(s) to be made by pet sitter	each day: Morning	□ Noon □ Evening □ Late Night					
Date last visit to be made:	□ Morning □ Noon □ Eve	ening □ Late Night - Requested Time:					

Please Note: We make every attempt to provide our clients with the same staff member. However, we all need time off for personal days, sick days, vacation days. If your regular staff member is not available, we reserve the right to send out another staff member of our choice. We understand that some regular & new clients may want to meet this staff member to make sure that you are comfortable with who is in your home. This can be arranged at any time at a cost to the client in the amount of \$10.00 to cover the staff member's time only. Please let us know if you want to meet the visiting staff member – a \$10.00 fee will be added to your invoice to cover the cost of their time to meet with you – no exceptions.

Question's: 1.) Leave you a note at each visit: _____ 2.) Text once per day to let you know that your pets are ok: _

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Please Note: If anyone has access to your home while the pet sitting job is being performed, we Peace Valley Pet Care, can assume no liability For any damages or losses to your home or pet. The utmost care will be given in watching both your pet(s) and your home. However due to the extreme unpredictability of animals, we cannot accept responsibilities for any mishaps of an extraordinary or unusual nature (i.e., biting, furniture damage, accidental death, etc.) or any complications in administrating medications to the animal. Nor can we be liable for injury, disappearance, death, or fines of pet(s) with access to the outside.

Name of Relative, Friend or Service Provider that has access to your home while you are away.

Relative or Friend			Phone #						
Lai	ndlord/ Maid or Cleaning Service		Phone#						
Do :	you have an alarm system: YES_	NO	Will it b	e activated:	YES	NO	Compan	y:	
Ke	y pad location?	Alarm # I	Alarm # In: Out: Alarn			Alarm P	m Password:		
HC	OUSE KEY'S: A minimum	of two key	s is real	ired at the	e Meet	& Gree	<mark>t</mark> - in ord	ler for Service to	
issu that for a pre- enti may	gin to gain entry to your house one key, you authorize Peace Valt will be added to your invoice. All keys after the initial meeting you windetermined place outside of your ry door—they must be in working of apply if there is not a key back up a # of keys given to at meetin	lley Pet Care I keys will be ill be charged home for the order – if the and it takes los	to make a returned to a \$20.00 f first visit. door does nger to get	second key a to you if our see to cover ou If we are to not open to a into this type	at your co service is ur costs) o enter thi malfuncti of entry.	est of \$20 sterminat or you can cough a go	.00 for our ted. (If we do not leave a wo harage door till be notified	time and cost of the key are requested to return orkable hidden key in a with a code or electronic d – additional charges	
=	# of Keys given to at meetin	g –		I LUCK CO	Jue – _		`	Jarage Door Code	
1) 2)	The fee per visit \$	care and serv with release to le, Pet Sitter veterinarian.	ices as outl from all lial is authorize Client agre	ined on this c bilities related ed to approve es to reimbur	ontract. I I to transp medical a se Pet Sit	Pet Sitter in cortation, the and/or emoter/Peace	is also author treatment, and ergency treat Valley Pet (orized by signature below and expense. Should attent (excluding Care for expense incurred,	
3)	In the event of inclement weather	or natural disa	aster, Pet Si	tter is entrust	ed to use	best judgr	nent in carii		
4)	Pet sitter/Peace Valley Pet Care wi Pet Sitter agrees to provide the ser							er. In consideration of	
	these services and as an express co Sitter/Peace Valley Pet Care excep Pet Care.								
5)	All pets are to be currently vaccina					1	-		
6)	Client's animal, it will be the Clier In the event that a Peace Valley Pe malfunction of the lock or a failure incurred. The Client expressly giv of the aforementioned occurrences	t Care pet sitt e of the client es Peace Vall	er is requir to leave a l	ed to employ key, it shall be	a locksmi	ith to gain onsibility	entry into (of the client	Client's premises due to a to reimburse for all costs	
7)	Peace Valley Pet Care reserves the determines that a danger exists to tauthorizes pet to be placed in a ker client regarding such situation.	right to term the health or s nnel, with all	afety of the charges the	e Pet Sitter. In	f concerns charged t	s prohibit to client.	Pet Sitter fr Every attem	om caring for pet, Client pt will be made to notify	
8)	Client authorizes this signed contra Peace Valley Pet Care to accept tel contracts or written authorization. are contracted with Peace Valley P	ephone and e Client agrees	mail reserv not to solic	ations for ser cit any of our	vice and e	enter prem	nises withou	t additional signed	
9)	Peace Valley Pet Care will do their member is not available due to bei anyone of their staff to complete the clients. If you are a daily regular of staff member changes, due to leave the client a paid new staff member utilizes our services on a limited un- will provide you with a new staff re to cover the cost only of the staff re	best to provi ng sick or not ne scheduled valient that we ing our compa meeting if re se basis as de nember meeti	de the same available of visits without provide ser any or term quested by termined by	e staff member for any reason out the client's rvice for sever ination, Peace the client. If y Peace Valley ninal cost to t	n, Peace V s permissi ral days p e Valley F you are a y Pet Care	Valley Pet on. This a er week of Pet Care we daily clies and your	Care has the applies to al n a monthly rill provide to the and or a r normal state.	right to substitute I regular and or vacation basis, and your regular he client at no expense to vacation client that only ff member changes, we	
	We accep	t payments b	y Check, l	PayPal E- Bil	ll or Busi	ness Venn	no		
	Payments are due on o vacation clients - Ask f			service v	risit for	daily,	weekly,	monthly and all	
	I have reviewed this Serv	vice Contra	act for ac	curacy and	unders	tand the	contents	of this form.	
Б	Oate	_Client S	ignatur	e					

Approved by Peace Valley Pet Care Representative:

Date: _____