PEACE VALLEY PET CARE

A division of Lovell's All-Star Pets, 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:	Last Name(s)
	Zip Code
Home Phone: ()W	ork Phone:)ext
First Name Cell #	First Name Cell #
E-mail address:	E-mail address:
PEACE	VALLEY PET CARE SCHEDULING POLICY'S
All requested visits & cancellations must be ma-	de by contacting our office – by email or phone: Email =
	996-5150 or Text 610-996-5150. (Monitored 24 Hours a day/ 7
 Day's Our Staff cannot schedule, change or can 	<mark>cel any visits – no exce</mark> ptions.
our busy mornings to offer staff members other	een 7 AM to 8 AM – After 8 AM you will be charged for any scheduled visits. This allows time in visits that may be available in their area, so they do not lose their income for your canceled visit.
has contracted services, we will turn away busines charged for the scheduled visit, any visits canceled are cancelled during our holiday service, it will be	during Holiday periods We adhere to a strict policy of NO OVERBOOKING. Therefore, once a client is in order to accommodate their schedule. Any holiday bookings that are canceled 14 days prior will not be 7 days prior to a holiday will be charged 50 % of all scheduled visits. If any or all of the scheduled visits the responsibility of the client to pay our scheduled service rate confirmation in full. Exceptions may be ays additional Charges will be added to your invoice \$10.00 per visit – Visiting Staff Member Guaranteed
 If you have any delays in your return travel pla Visits. NOTE: Our Staff cannot add or change 	ns while on vacation you must call Kristie or Rudi to schedule additional any scheduled
Weekly Client Visit(s) to be made by	pet sitter each day: Note:
	2 PM to 3:30 PM) Evening (4 PM to 7:30 PM) Late Night (8 PM to 9 PM) ursday Friday Saturday Sunday Optional – Target Time:
Vacation Clients only: Free Home C	are: Bring in Mail or Newspaper: Water Indoor Plants:
Date 1st visit to be made: \square M	orning □ Noon □ Evening □ Late Night - Requested Time:
Visit(s) to be made by pet sitter each d	ay: □ Morning □ Noon □ Evening □ Late Night
Date last visit to be made:	Morning □ Noon □ Evening □ 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 #						
			Phone #					
La	ndlord/ Maid or Cleaning Service		Phone#					
Do	you have an alarm system: YES_	NO	_ Will it b	e activated:	YES	NO	Company	y:
Ke	y pad location?	Alarm # I	n:	Out:		Alarm P	assword:	
H	OUSE KEY'S: A minimum	of two key	s is real	iired at the	e Meet	& Gree	<mark>t</mark> - in ord	er for Service to
issu tha <i>for</i> pre ent <i>may</i>	gin to gain entry to your house one key, you authorize Peace Val t will be added to your invoice. All keys after the initial meeting you wing determined place outside of your ry door—they must be in working of the apply if there is not a key back up a # of keys given to at meeting	lley Pet Care I keys will be ill be charged home for the order – if the and it takes loo	to make a returned to a \$20.00 f first visit. door does anger to get	to you if our fee to cover of 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 done leave a work arage door will be notified	time and cost of the key are requested to return or kable hidden key in a with a code or electronic d – additional charges
=	# of keys given to at meeting	s		n Luck Co				Jarage Door Coue
1) 2)	The fee per visit \$	care and serve with release fole, Pet Sitter veterinarian.	ices as outl from all lial is authorize Client agre	ined on this c bilities related ed to approve ees to reimbur	ontract. I I to transp medical a rse Pet Sit	Pet Sitter in cortation, the and/or emoter/Peace	is also author treatment, ar ergency trea Valley Pet C	rized by signature below nd expense. Should tment (excluding care for expense incurred,
3)	In the event of inclement weather	or natural disa	ister, Pet Si	itter is entrust	ed to use	best judgr	ment in carin	
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.	ndition there	of, the Clie	nt expressly v	vaives an	d relinquis	shes any and	all claims against Pet
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 C 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 t authorizes pet to be placed in a ker client regarding such situation.	right to termi he health or s	afety of the	e Pet Sitter. I	f concerns	s prohibit	Pet Sitter fro	om caring for pet, Client
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	rations for ser cit any of our	vice and e	enter prem	nises without	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 us will provide you with a new staff re to cover the cost only of the staff new	best to provi ng sick or not ne scheduled valient that we ling our compa meeting if re se basis as de- member meeti	de the same available to visits without provide ser- any or term quested by termined by ng at a non-	e staff member for any reason out the client's rvice for seven ination, Peace the client. If y Peace Valler minal 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 all n a monthly fill provide the ent and or a r normal staff	right to substitute regular and or vacation basis, and your regular he client at no expense to vacation client that only f member changes, we
	We accep	t payments b	y Check o	r Business Ve	enmo			
	Payments are due on o vacation clients - Ask for			service v	visit for	daily,	weekly,	monthly and all
	I have reviewed this Serv	vice Contra	ect for ac	curacy and	unders	tand the	contents	of this form.
Γ	Date	_Client S	ignatur	·e				

Approved by Peace Valley Pet Care Representative:

Date: _____