

Healing Hands Pet Massage & Pet Sitting Services

New Client Packet Checklist

Thank you for choosing Healing Hands Pet Massage & Pet Sitting Services!

This Packet Includes:

- **This Page of Instructions, Checklist, Office Hours and Pet Sitting Hours**
- **Pet & House Care Service Request Form**
 - Fill out one Service Request Form for each trip or service period (*Pet Sitter can provide assistance in filling out the form if needed*).
 - Sign Service Request Form
 - Return Service Request Form to Pet Sitter
- **Pet & House Care Service Rates, Additional Fees, Pet Taxi/Drop-off Service Rates and Add-on Pet Massage Service Rates**
 - Sign Pet & House Care Service Rates Sheet
 - Sign the Pet Taxi/Drop-off Service Rates Form
 - If applicable, fill out the Add-on Pet Massage Service Request Form
 - Sign the Add-on Pet Massage Service Request Form
 - Return the Add-on Pet Massage Service Request Form and/or Pet Taxi/Drop-off Service Rates Form to Pet Sitter
- **Pet Information Disclosure Form**
 - Complete one Pet Information Disclosure Form for each pet
 - Sign Pet Information Disclosure Form for each pet
 - Return Pet Information Disclosure Form to Pet Sitter for each pet
- **Veterinary Release Agreement**
 - Fill in Treatment Limit Amount and indicated if amount is Per Pet or for All Pets
 - Sign Veterinary Release Agreement
 - Return Veterinary Release Agreement to Pet Sitter
- **Legal Considerations Agreement**
 - Sign Legal Considerations Agreement
 - Return Legal Considerations Agreement to Pet Sitter

Have the Following Items Ready for the Initial Consultation:

- Your signed documents
- A **(Primary)** key. A keychain and reference number will be provided (no name or address will appear on your key). This key will be kept by the Pet Sitter, in a secure location, after service *unless the Pet Sitter is instructed to return the key after the last visit (Key Transfer Charge Applies)*.
- A 2nd **(Backup)** key that can be coded with permanent ink (There is a \$2.00/key charge if backup keys need to be made by the Pet Sitter). By default, this key will be kept by the Pet Sitter, in a secure location, after service.
- Emergency contact information for yourself and two other contacts.
- Veterinary contact and pet's medical information (Allergies, Medications, Conditions, etc.)
- Trip information (Hotels, Phone Numbers, etc.)
- Contact information for any planned visitors while you're away.
- Payment for services, unless arrangements have been made to leave full payment for the Pet Sitter to pick up at the first visit. (*See Legal Considerations Agreement*).

Keys:

By default **both** of your keys will be kept by the Pet Sitter after service in a secured location. If you decide you would like your primary set of keys returned to you after the last visit, leave a note for the Pet Sitter that lists the date after the last visit you would like the keys returned. Key return to your home *after service* will be charged the \$16.00 Key Transfer rate. Keys will **not** be mailed back to Client nor left in an unsecured location.

Office Hours

Monday – Friday 9:00 am to 5:00 pm
Saturday 9:00 am to 12:00 pm
Sunday Closed

Standard (Base Rate) Pet Sitting Hours

Monday – Sunday 7:00 am to 9:59 pm

After Hours Pet Sitting Hours and Rates

Monday – Sunday 10:00 pm to 11:30 pm subject to Time-and-a-Half
11:31 pm to 5:00 am subject to Double Time
5:01 am to 6:59 am subject to Time-and-a-Half

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www.petwizard.com

Healing Hands Pet Massage & Pet Sitting Services
Dianne L. Potter, M.A., L.M.T.
(217) 553-0965

Di7111@yahoo.com or petmassage@myabmp.com
www.HealingHandsPetMassage.ABMP.com

Healing Hands Pet Massage & Pet Sitting Services
Pet & House Care Service Request

Client's Full Name:			
Client's Address:	Street (No P.O. Box):		
	City:	State:	ZIP Code:
Client's Phone Numbers:	Home:	Cell:	
	Work:	E-mail:	
Best Number to Call:			
Best Time to Call:			

Service Begin Date:		Begin Time:	
Service End Date:		End Time:	

- Daily
 Every Other Day
 Weekdays/Evenings Only
 Weekends Only

Details	Visit Time	# of Pets	Base Rate +	Cost for Add'l Pets =	Cost/Visit X	# of Visits =	Total
Morning			+	=	X	=	
Afternoon			+	=	X	=	
Evening			+	=	X	=	
Night			+	=	X	=	
Notes:						Subtotal:	\$
						Additional Charges:	+
						Discounts:	-
						Grand Total Due:	\$

Emergency Contact Information:

Emergency Contact Name:			
Emergency Contact Phone Numbers:	Home:		
	Cell:		
	Work:		

How may you be reached while you are away?		Trip Description/Location/Hotel/Notes, etc.
Phone:		
Alt. Phone:		

In your absence, will anyone else be looking in on your pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please Provide Their Full Name:		
Phone Numbers:	Home:	Cell:
Scheduled Check-in Times:		

Other Tasks Required by Pet Sitter (Check All That Apply):

Clean/Change Litter Boxes: Yes No

Location(s) of Boxes:	(Indicate for cleaning and/or changing of boxes.) <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Once per Week <input type="checkbox"/> Twice per Week
Location of New Litter:	
Type of Litter:	
Waste Disposal Location:	

Walk Dog: Yes No

Frequency Required:	
Allow to Play in Fenced Yard:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised
Location of Dog Leash:	
Location of Waste Disposal Bags:	

Pet Massage (Additional Charges Apply): Yes No
[Please fill out chart on Add-on Service Rates sheet]

Feed Fish: Yes No

Amount to Feed:	
Frequency Required:	
Location of Fish Tank(s):	
Location of Fish Food:	

Feed Small Animal(s): Yes No

Type of Small Animal:	<input type="checkbox"/> Gerbil <input type="checkbox"/> Hamster <input type="checkbox"/> Rat <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Rabbit <input type="checkbox"/> Iguana <input type="checkbox"/> Other _____
Amount to Feed:	
Frequency of Feeding Required:	
Location of Small Animal Cage/Hutch:	
Location of Small Animal Food:	

Clean/Change Small Animal Cage(s): Yes No

Frequency of Cleaning/Changing:	(Indicate for cleaning and/or changing of cage.) <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Once per Week <input type="checkbox"/> Twice per Week
Location of New Litter:	
Type of Litter:	
Waste Disposal Location:	

Water Plants: Yes No

Location of Plants:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
Frequency of Watering Required:	
Location of Watering Can:	
Location of Water Spicket / Hose:	

Mail/Newspaper: Yes No

Type to be Brought In:	<input type="checkbox"/> Mail <input type="checkbox"/> Newspaper <input type="checkbox"/> Both
Where Would You Like Mail Placed:	
Mail to be Sent During Your Absence:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date(s) to be mailed: _____
Location of Mail to be Sent:	

Trash Out: Yes No

Collection Info:	Pick-up Day: _____ Pick-up Time: _____
Pick-up Location:	<input type="checkbox"/> Curbside <input type="checkbox"/> Alley <input type="checkbox"/> Other _____

Recycling Out: **Yes** **No**

Collection Info:	Pick-up Day: _____ Pick-up Time: _____
Pick-up Location:	<input type="checkbox"/> Curbside <input type="checkbox"/> Alley <input type="checkbox"/> Other _____

Yard Waste Bags: **Yes** **No**

Collection Info:	Pick-up Day: _____ Pick-up Time: _____
Pick-up Location:	<input type="checkbox"/> Curbside <input type="checkbox"/> Alley <input type="checkbox"/> Other _____

Pet Taxi/Drop-off Service (*Additional Charges Apply*): **Yes** **No**

Type of Visit:	<input type="checkbox"/> Groomer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Trainer <input type="checkbox"/> Other _____		
Visit Type:	<input type="checkbox"/> Wait-for Service <input type="checkbox"/> Drop-off / Pick-up Service		
Appointment Info:	Day: _____	Date: _____	Time: _____
Appointment Address:	Street: _____		
	City: _____	State: _____	ZIP Code: _____
Appointment Phone Number:	_____		
Location of Pet Crate(s):	_____		

Additional Appointment(s):

Type of Visit:	<input type="checkbox"/> Groomer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Trainer <input type="checkbox"/> Other _____		
Visit Type:	<input type="checkbox"/> Wait-for Service <input type="checkbox"/> Drop-off / Pick-up Service		
Appointment Info:	Day: _____	Date: _____	Time: _____
Appointment Address:	Street: _____		
	City: _____	State: _____	ZIP Code: _____
Appointment Phone Number:	_____		

Residence Entry:

All keys, combinations and alarm codes must be tested in the presence of the client. All keys, codes and combinations will be kept in a secure, locked location, and any written codes and combinations will be shredded upon completion of service to ensure privacy, confidentiality and security of Client.

- Key(s) Code/Remote Security Alarm Someone Present Other _____

- Pet Sitter Has Key(s)
- Pet Sitter Will Pick Up Key(s)
 - At Initial Consultation (*Free*) Key Transfer (*Additional Charges Apply*)
- Pet Sitter Has Been Given Backup Key(s)
 - Pet Sitter Needs to Make Backup Key(s) (*Additional Charges Apply*)
- Key(s) in Lock Box
 - Pet Sitter has Lock Box Combination
- Pet Sitter Has Security Alarm Code
 - Security Alarm Company Name & Phone Number: _____
 - _____
 - _____

The Following Forms Have Been Discussed With, and Signed by Client:	
Service Request:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Information Disclosure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinary Release Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Considerations Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Method:
 Cash Check Money Order

Payment Amount: \$ _____

Payment Date: _____

Healing Hands Pet Massage & Pet Sitting Service must confirm this request at **least 48 hours prior to service** start date. By submitting this request, I agree to all rates, terms and conditions of service as provided in accompanying documents.

Client/Owner Name (Printed): _____

Signature: _____

Date: _____

Healing Hands Pet Massage & Pet Sitting Services
Pet & House Care Service Rates

Description of Services:

Initial Consultation: This visit is used to complete the necessary paperwork, answer questions, transfer keys and tour your home while discussing detailed instructions on how to care for your pets. This is a **required meeting** and must be scheduled at least **48 hours** prior to service.

Pet Care Visits: Supervised feedings, medications, short walks, potty breaks, litter cleaning and play. Most dogs will require 2 – 4 visits per day. Cats are typically fine with one visit per day, unless special circumstances warrant more visits (pills, injections, eye/ear drops, etc.)

Drop-in: This visit can be used for checking on stove, iron, alarm system, sprinkler system, lights, timers, open/close windows/blinds, thermostat setting, bringing in the mail, newspaper, etc. **This visit is for general house care only. No pet care is included in this visit.**

Key Transfer: This visit is only to pick up keys if they're not available at initial consultation, or to drop keys off after service period is complete. **Keys will NOT be mailed back to clients and they will NOT be left in an unsecured location.**

Included Services: Mail & newspaper pick-up, putting trash & recycling out, watering plants, litter box cleaning, open/close blinds/drapes, turning lights on/off, mileage, etc. are all included in the base price.

Service Type	Rate <u>Per Visit</u>
Initial Consultation	\$36.00*
Pet Care - 1st Pet	\$18.00
Each Additional Pet	\$3.00
Drop-in House Care Only	\$16.00
Key Transfer	\$16.00

The Initial Consultation is **FREE, however, if the service request is cancelled **AFTER** the Initial*

*Consultation has been conducted, there is a \$36.00 non-refundable fee for the time, materials, gas and mileage spent to conduct the consultation, and to return payment and keys. **This is a separate fee from***

the Refunds & Cancellation Policy listed in the Legal Considerations Agreement.

10+ Day Vacation Rates		
<u>Visits Per Day</u>	<u>Rate Per Day (for One Pet)</u>	<u>Each Additional Pet Per Day</u>
6	\$96.00	\$12.00
5	\$80.00	\$10.00
4	\$64.00	\$ 8.00
3	\$48.00	\$ 6.00
2	\$32.00	\$ 4.00
1	\$16.00	\$ 2.00
1-Drop-in (No pet care)	\$14.00	N/A

Additional Fees	Rate
Late Payment	\$2.00 Extra Per Visit
Fees Relating to Unscheduled/Unplanned Events (emergency taxi, accident clean-up, pet food pick-up, etc.)	<i>Subject to Pet Taxi Rates for mileage and Wait-for Service Rates for the amount of time taken for the unplanned visit.</i>
Major Holiday Weeks	\$5.00 Extra Per Visit – See List of Major Holidays Below
NSF Checks	\$25.00
Duplicate Key(s) Made	\$2.00 Per Key
Pet Taxi / Drop-off Service	<i>See Attached Rate Sheet</i>
Pet Massage	<i>See Attached Rate Sheet</i>
After Hours Pet Sitting Hours	<i>See Schedule Below for Time-and-a-Half and Double Time Hours</i>

Office Hours

Monday – Friday 9:00 am to 5:00 pm
Saturday 9:00 am to 12:00 pm
Sunday Closed

Standard (Base Rate) Pet Sitting Hours

Monday – Sunday 7:00 am to 9:59 pm

After Hours Pet Sitting Hours and Rates

Monday – Sunday 10:00 pm to 11:30 pm subject to Time-and-a-Half
11:31 pm to 5:00 am subject to Double Time
5:01 am to 6:59 am subject to Time-and-a-Half

Major Holidays:

Good Friday through Easter
(Friday, Saturday, and Sunday)

Memorial Day Weekend
(Friday, Saturday, Sunday and Monday)

July 3rd – July 5th

Labor Day Weekend
(Friday, Saturday, Sunday and Monday)

Thanksgiving Eve through the Sunday after Thanksgiving
(Wednesday, Thursday, Friday, Saturday and Sunday)

December 20th – January 2nd

I understand that I am subject to the above rates and additional fees, including major holiday fees and after hours pet sitting rates.

Client/Owner Name (Printed): _____

Client Signature: _____

Date: _____

Pet Taxi / Drop-off Service Rates:

Transport Per Mile	\$2.00 Per Mile	Round trip – Rate applies to both Drop-off and Wait-for Services												
Wait-for Service	Groomer, Vet Visits, Trainer, etc.	<table border="1"> <thead> <tr> <th data-bbox="524 331 841 384">Visit Length</th> <th data-bbox="849 331 1219 384">Rate Per Visit</th> </tr> </thead> <tbody> <tr> <td data-bbox="524 394 841 548">Hourly</td> <td data-bbox="849 394 1219 548">\$25.00 First Hour \$25.00 Each additional hour, or in increments listed below.</td> </tr> <tr> <td data-bbox="524 558 841 600">46 – 59 minutes</td> <td data-bbox="849 558 1219 600">\$22.50</td> </tr> <tr> <td data-bbox="524 611 841 653">31 – 45 minutes</td> <td data-bbox="849 611 1219 653">\$20.00</td> </tr> <tr> <td data-bbox="524 663 841 705">16 – 30 minutes</td> <td data-bbox="849 663 1219 705">\$17.50</td> </tr> <tr> <td data-bbox="524 716 841 758">10 – 15 minutes</td> <td data-bbox="849 716 1219 758">\$15.00</td> </tr> </tbody> </table>	Visit Length	Rate Per Visit	Hourly	\$25.00 First Hour \$25.00 Each additional hour, or in increments listed below.	46 – 59 minutes	\$22.50	31 – 45 minutes	\$20.00	16 – 30 minutes	\$17.50	10 – 15 minutes	\$15.00
Visit Length	Rate Per Visit													
Hourly	\$25.00 First Hour \$25.00 Each additional hour, or in increments listed below.													
46 – 59 minutes	\$22.50													
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16 – 30 minutes	\$17.50													
10 – 15 minutes	\$15.00													
Major Holiday Weeks	\$5.00 Extra <u>Per Service</u>	<p>Good Friday through Easter (Friday, Saturday and Sunday)</p> <p>Memorial Day Weekend (Friday, Saturday, Sunday and Monday)</p> <p>July 3rd – July 5th</p> <p>Labor Day Weekend (Friday, Saturday, Sunday and Monday)</p> <p>Thanksgiving Eve through the Sunday after Thanksgiving (Wednesday, Thursday, Friday, Saturday and Sunday)</p> <p>December 20th – January 2nd</p>												

I understand that I am subject to the above rates during regular and emergency pet taxi services, including major holiday fees.

Client/Owner Name (Printed): _____

Client Signature: _____

Date: _____

Pet Massage Add-on Service Rates:

Type/Size of Pet	Rate Per Session
Rabbits, Guinea Pigs, Other "Pocket" Pets	\$15.00 First Pet \$10.00 Each additional pet in this category
Cats, Toy/Teacup Dogs	\$20.00 First Pet \$15.00 Each additional pet in this category
Small/Medium Dogs	\$30.00 First Pet \$20.00 Each additional pet in this category
Large Dogs	\$40.00 First Pet \$25.00 Each additional pet in this category
Extra Large Dogs	\$50.00 First Pet \$30.00 Each additional pet in this category

Discounts:

Rates for multiple pet type/size households are based on the highest 'First Pet' Rate and then the lower rate for each additional pet in the appropriate size category. (See Examples Below)

Receive a \$5.00 discount per session when paying for multiple sessions per pet during a pet sitting service period.

A separate Client Intake Form will need to be filled out and signed for each pet receiving massage. (This form is different from the Pet Information Disclosure Form.)

Please fill in the chart, sign and date the form on page 2 of this rate sheet.

Example #1:

Pet #	Pet Type/Size	Rate	# of Sessions	Subtotal	\$5.00 Discount Per Session (If Applicable)	Total
1	Large Dog	40.00 X	3 =	120.00 -	15.00 =	105.00
2	Small/Medium Dog	20.00 X	2 =	40.00 -	10.00 =	30.00
3	Cat	15.00 X	1 =	15.00 -	0.00 =	15.00
		X	=		=	
<i>Regular price if paid for individually per session: \$175.00 (\$25.00 Savings)</i>				Amount to be added to Additional Charges on Service Request Form:		\$150.00

Example #2:

Pet #	Pet Type/Size	Rate	# of Sessions	Subtotal	\$5.00 Discount Per Session (If Applicable)	Total
1	Extra Large Dog	50.00 X	1 =	50.00 -	0.00 =	50.00
2	Toy/Teacup Dog	15.00 X	2 =	30.00 -	10.00 =	20.00
3	Rabbit	10.00 X	1 =	10.00 -	0.00 =	10.00
		X	=		=	
<i>Regular price if paid for individually per session: \$90.00 (\$10.00 Savings)</i>				Amount to be added to Additional Charges on Service Request Form:		\$80.00

Pet #	Pet Type/Size	Rate	# of Sessions	Subtotal	\$5.00 Discount Per Session (If Applicable)	Total
1		X	=	-	=	
2		X	=	-	=	
3		X	=	-	=	
4		X	=	-	=	
Total Amount to be Added to 'Additional Charges' on Service Request Form:						\$

By signing this request, I agree to the amount shown above as an Additional Charge to pet sitting services. I understand that the *listed massage rates only apply during a requested pet sitting service period*, and must be paid as part of the Grand Total Due amount listed on the Service Request Form. This amount is included in the Service Total for Refunds & Cancellations listed in the Legal Considerations Agreement.

Client/Owner Name (Printed): _____

Signature: _____

Date: _____

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Breed Size Examples:

<p><u>Toy/Teacup Dogs</u></p>	<p>Miniature American Eskimo, Bichon Frise, Brussels Griffon, Chihuahua, Chinese Crested, Miniature Dachshund, English Toy Spaniel, Havanese, Japanese Chin, Lhasa Apso, Lowchen, Maltese, Papillon, Pekingese, Miniature Pinscher, Pomeranian, Toy Poodle, Pug, Schipperke, Shetland Sheepdog (Sheltie) , Shih Tzu, Terriers: (Border, Cairn, Dandie Dinmont, Toy Fox, Glen of Imaal, Norfolk, Norwich, Rat, Silky, West Highland, Yorkshire)</p>
<p>Small/Medium Dogs</p>	<p>Affenpinscher, Standard American Eskimo, Australian Cattle Dog (Blue Heeler), Australian Shepherd, Basenji, Basset Hound, Beagle, Border Collie, Bulldogs: (French, English), Canaan Dog, Chinese Shar-Pei, Chow, Dalmatian, Finnish Spitz, German Pinscher, Harrier, Italian Greyhound, Keeshond, Norwegian Elkhound, Pembroke Welsh Corgi, Petit Basset Griffon Vendeen, Schnauzers: (Miniature, Standard), Sheepdogs: (Belgian, Polish Lowland,), Shiba Inu, Spaniels: (American Water, Brittany, Cavalier King Charles, Clumber, Cocker, English Springer, Field, Sussex, Tibetan, Welsh Springer), Terriers: (Airedale, American Staffordshire, Bedlington, Boston, Bull, Irish, Jack/Parsons Russell, Kerry Blue, Lakeland, Manchester, Scottish, Sealyham, Skye, Smooth Fox, Soft-coated Wheaten, Staffordshire Bull, Tibetan, Welsh, Wire Fox), Water Dogs: (Portuguese, Hungarian Puli), Whippet, Wirehaired Pointing Griffon</p>
<p>Large Dogs</p>	<p>Akita, Alaskan Malamute, Belgian Malinois, Belgian Tervuren, Black Russian Terrier, Bouvier Des Flandres, Boxer, Briard, Collies: (Bearded, Standard), Doberman Pinscher, German Shepherd, Greyhound, Hounds: (Afghan, American Foxhounds, Coonhounds, English Foxhounds, Ibizan, Otter, Pharaoh, Plott), Irish Water Spaniel, Old English Sheep Dog, Pointers: (German Shorthaired, German Wirehaired), Standard Poodle, Retrievers: (Chesapeake Bay, Curly-coated, Duck Tolling, Flat-coated, Golden, Labrador), Rhodesian Ridgeback, Rottweiler, Saluki, Samoyed, Giant Schnauzer, Setters: (English, Gordon, Irish), Siberian Husky, Spinone Italiano, Vizsla, Weimaraner</p>
<p>Extra Large Dogs</p>	<p>Anatolian Shepherd Dog, Bloodhound, Borzoi (Russian Wolfhound), Great Dane, Great Pyrenees, Hungarian Kuvasz, Irish Wolfhound, Komondor, Mastiffs: (Bull, English, Neapolitan, Tibetan), Mountain Dogs: (Bernese, Greater Swiss), Newfoundland, Saint Bernard, Scottish Deerhound</p>

This is NOT an all-inclusive list. Some breeds vary in size and could fall into a different size category than that listed here. Massage prices will be adjusted accordingly.

Healing Hands Pet Massage & Pet Sitting Services
Pet Information Disclosure

Please complete one Pet Information Disclosure form for each pet.

Owner's Name:			
Pet's Name:			
Pet Type:	Dog / Cat / Other _____	Breed:	
Sex:	Male / Female	Declawed:	Yes / No
Neutered/Spayed:	Yes / No	Approximate Age:	
Color & Physical Description:			
Weight:			
Length of Time Owned:			

Pet Has Current Identification: Yes

ID Tags Microchip

No

Tattoo: Location _____

Medications:

<input type="checkbox"/> Pills <input type="checkbox"/> Injections <input type="checkbox"/> Liquids <input type="checkbox"/> Ointments <input type="checkbox"/> Other _____	
Name of Medication(s):	
Location(s) of Medication(s):	
Dosage Instructions:	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Medical Condition(s):	
Allergies:	
Vaccinations up to date on (Month/Year):	
Heartworm Test: Negative / Positive	

Veterinarian Information:

Veterinarian Name:			
Veterinarian Clinic Name:			
Veterinarian Address:	Street:		
	City:	State:	ZIP Code:
Vet's Phone Number:			
Vet Clinic Hours of Operation:			

Feeding Instructions:

<input type="checkbox"/> Dry	Location: Brand: Amount: Measure With: Where to Feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
<input type="checkbox"/> Wet	Location: Brand: Amount: Measure With: Where to Feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
<input type="checkbox"/> Treats	Location: Brand: Amount: Use to Hide Medications: Yes / No	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
<input type="checkbox"/> Water	<i>Water will be changed and filled frequently.</i> Dish Location: Water Location:	<input type="checkbox"/> Tap <input type="checkbox"/> Filtered <input type="checkbox"/> Bottled
<input type="checkbox"/> Feed apart from other pets <input type="checkbox"/> Supervise while eating <input type="checkbox"/> Store food in refrigerator <input type="checkbox"/> Store food in cupboard <input type="checkbox"/> Dispose of uneaten food <input type="checkbox"/> Remove food after _____ minutes		

Special & Prescription Diets/Food Types:

Special Needs:

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all	<input type="checkbox"/> Allowed on furniture / counters / beds
<input type="checkbox"/> ONLY allowed outdoors <i>on leash/chain</i>	<input type="checkbox"/> Restrict pet area/crate only when pet is alone
	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, invisible fenced yard (use collar)	Restricted Area/Crate Location:
<input type="checkbox"/> Turn out, secure fenced yard (no leash)	
<input type="checkbox"/> Turn out, no fence, but doesn't leave yard	
	Other Off-limit Area(s):
<input type="checkbox"/> NOT allowed indoors at all	
<input type="checkbox"/> ONLY allowed indoors during inclement weather	

Pet's Temperament/Personality:

Pet Does NOT Like (Check All That Apply):

<input type="checkbox"/> Baths	<input type="checkbox"/> Being Confined / Crated	<input type="checkbox"/> Other
<input type="checkbox"/> Toenail Trim	<input type="checkbox"/> New Animals	
<input type="checkbox"/> Massage	<input type="checkbox"/> Other Family Pets	
<input type="checkbox"/> Ears Touched	<input type="checkbox"/> People Near Food Dish	
<input type="checkbox"/> Tail Touched	<input type="checkbox"/> Other Pets Near Food Dish	
<input type="checkbox"/> Paws Touched	<input type="checkbox"/> Sharing Food Dishes	
<input type="checkbox"/> Sprays	<input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder / Fireworks	
<input type="checkbox"/> Hot Days	<input type="checkbox"/> All Humans / Men / Women / Children	
<input type="checkbox"/> Rain / Snow / Cold	<input type="checkbox"/> Strangers	
Pet reacts to the above by:	<input type="checkbox"/> Biting <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Excessive Panting <input type="checkbox"/> Clawing <input type="checkbox"/> Attacking Other Pets <input type="checkbox"/> Property Destruction <input type="checkbox"/> Hiding <input type="checkbox"/> Escaping <input type="checkbox"/> Seizures / Convulsions <input type="checkbox"/> Other	

Has Pet Ever (Check All That Apply):

<input type="checkbox"/> Bitten / Attacked Someone	Describe (even if mild or under extreme/unusual situations)
<input type="checkbox"/> Bitten / Attacked Another Animal	
<input type="checkbox"/> Injured Self Out of Boredom	
<input type="checkbox"/> Injured Self Out of Fear	
<input type="checkbox"/> Escaped From the House	
<input type="checkbox"/> Escaped From the (Fenced) Yard	
Where does he/she like to escape to?	
How can he/she be retrieved?	

Commands: (Please check commands we know, and circle commands we are working on):

<input type="checkbox"/> Sit	<input type="checkbox"/> No	<input type="checkbox"/> Off	<input type="checkbox"/> Outside / Out	<input type="checkbox"/> Potty	<input type="checkbox"/> Back
<input type="checkbox"/> Bad _____	<input type="checkbox"/> Good _____	<input type="checkbox"/> In the House	<input type="checkbox"/> In the Crate	<input type="checkbox"/> Lay	
<input type="checkbox"/> Stay	<input type="checkbox"/> Down	<input type="checkbox"/> Walk	<input type="checkbox"/> Come	<input type="checkbox"/> Stand / Up	<input type="checkbox"/> Heel
<input type="checkbox"/> Food	<input type="checkbox"/> Treat	<input type="checkbox"/> Cookie	<input type="checkbox"/> Move	<input type="checkbox"/> Ride	<input type="checkbox"/> Come on
<input type="checkbox"/> Bath	<input type="checkbox"/> Who's Here	<input type="checkbox"/> Don't Pull	<input type="checkbox"/> Walk Nice	<input type="checkbox"/> Leave it	
<input type="checkbox"/> Drop it	<input type="checkbox"/> Don't Touch	<input type="checkbox"/> Naughty	<input type="checkbox"/> Step up		

Favorite Games, Toys, Activities: _____

Comments:

Client/Owner Name (Printed): _____

Signature: _____

Date: _____

**Healing Hands Pet Massage & Pet Sitting Services
Veterinary Release Agreement**

In the event that any of my pets appear to be ill, injured or at significant risk of experiencing a medical problem at the start of service or while in the care of Healing Hands Pet Massage & Pet Sitting Services, I give permission to Healing Hands Pet Massage & Pet Sitting Services to seek veterinary service from a veterinarian or veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. If my preferred veterinary services are not available, other veterinarians or emergency care clinics chosen by the Healing Hands Pet Massage & Pet Sitting Services are acceptable.

I ask Healing Hands Pet Massage & Pet Sitting Services to inform the attending clinic or veterinarian of my requested **total diagnosis and treatment limit of \$ _____ per pet / all pets** (most common values are \$250.00, \$500.00, \$1,000.00 or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury or potential problems, as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Healing Hands Pet Massage & Pet Sitting Services care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Healing Hands Pet Massage & Pet Sitting Services care providers to use their best judgment in handling these situations, and I understand that Healing Hands Pet Massage & Pet Sitting Services assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Healing Hands Pet Massage & Pet Sitting Services for emergency transportation, care, supervision or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Healing Hands Pet Massage & Pet Sitting Services and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency, in the interest of providing the best care possible for my ill or injured animal(s).

Every dog, cat, or other small animal at the site of service will be current (per my veterinarian's recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Healing Hands Pet Massage & Pet Sitting Services of any signs of injury or possible illness **before any visit, as soon as the condition appears**. Healing Hands Pet Massage & Pet Sitting Services reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Healing Hands Pet Massage & Pet Sitting Services strives to provide clean, safe service to each of our clients. In doing so, Healing Hands Pet Massage & Pet Sitting Services strongly recommends that each pet be vaccinated, de-wormed and protected from harmful insects and ticks according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Healing Hands Pet Massage & Pet Sitting Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within Healing Hands Pet Massage & Pet Sitting Services care. In signing this contract, I agree that I have the sole authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name (Printed): _____

Signature: _____ **Date:** _____

Healing Hands Pet Massage & Pet Sitting Services

Legal Considerations Agreement

Effective 08/01/2008 Revised 06/16/2009

For the purposes of this document, the terms Client, Owner, Pet Owner, and Customer are synonymous with the person contracting services for one or more domestic animals. The term Pet Sitter is synonymous with Healing Hands Pet Massage & Pet Sitting Services, Dianne L. Potter, M.A., L.M.T., and any Independent Contractors (IC's) working under the Healing Hands Pet Massage & Pet Sitting Services name.

1. All **unscheduled/unplanned** fees (such as emergency taxi, accident clean-up, pet food pick-up, etc.) are subject to **Pet Taxi Rates for mileage and Wait-for Service Rates for the amount of time it takes for the unplanned visit**. All additional fees must be paid within 14 days of service (Also See #17 Below).
2. A **signed Service Request** must be provided to Healing Hands Pet Massage & Pet Sitting Services **before** service is provided for the initial service period. (See # 22 in this agreement for information about future services).
3. Payment is due **BEFORE** service starts. **Reservations are not held** until payment in full is received by Healing Hands Pet Massage & Pet Sitting Services or both parties agree upon special arrangements in writing. With permission, you may leave a check for full payment and the completed Service Request for the Pet Sitter to pick up at the first visit. **However, if either item is forgotten, your Pet Sitter must leave your home without providing any service.**
4. A \$2.00 per visit late charge will be assessed to service that is not paid in advance. Unpaid service may be cancelled without notice, including prior to or during the service period.
5. There will be a **\$25.00 service charge** for each returned check.
6. **Refunds & Cancellation Charge Schedule** (% applies to entire service period total):

Major Holiday Weeks	Payment in Full is Charged (No Refunds)
0 - 72 Hours	Payment in Full is Charged (No Refunds)
Over 72 Hours - 7 Days	20% of Service Total is Due (80% Refund)
8+ Days	No Charge / Refund in Full

7. The Initial Consultation is **FREE**, however, if the service request is cancelled **AFTER** the Initial Consultation has been conducted, there is a **\$36.00 non-refundable fee** for the time, materials, gas and mileage spent to conduct the consultation, and to return payment and keys. **This is a separate fee from the Refunds & Cancellation Policy listed in #6 of this agreement.**
8. **Clients returning home early will be required to pay for the reserved amount of time scheduled including travel time.** Clients will not have to pay for scheduled Special Add-on Services not performed.
9. Client understands that After Hours Pet Sitting Hours are subject to Time-and-a-Half or Double Time rates depending on the hours of the visit(s). (See *New Client Packet Checklist or Pet & House Care Service Rates Form for hours*).
10. Healing Hands Pet Massage & Pet Sitting Services and IC's are not responsible for wilted, dead or otherwise unhealthy plants. Healing Hands Pet Massage & Pet Sitting Services will follow your written directions as precisely as possible, but cannot be responsible if the results are not favorable. **Please place**

all indoor plants together on a waterproof surface in plain sight, as your Pet Sitter is not responsible for water-damaged areas or missed plants.

11. Healing Hands Pet Massage & Pet Sitting Services and IC's are not responsible for damage to the home beyond the control of the Pet Sitter. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, Healing Hands Pet Massage & Pet Sitting Services will attempt to contact the client and the emergency contact before making a subjective decision on dealing with the problem. All repairs and related fees (including Special Service emergency service time and coordination fees) will be paid by the client, or fully reimbursed to Healing Hands Pet Massage & Pet Sitting Services within 14 days.
12. Healing Hands Pet Massage & Pet Sitting Services and IC's are not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Pet Sitter or IC's. Healing Hands Pet Massage & Pet Sitting Services and IC's agree to remain fully insured through NAPPS or a comparable entity, including optional Special Property Endorsement (protects against theft, breakage, etc. as caused by an employee) or bonding. Healing Hands Pet Massage & Pet Sitting Services accepts no responsibility for security of the premises or loss if other individuals have access to a Client's home, or if the home is not properly secured by the Owner (windows closed and locked, doors locked, etc).
13. ***All other individuals that visit the home will leave a log of their visit.*** An optional form may be provided.
14. Healing Hands Pet Massage & Pet Sitting Services and IC's are not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Pet Owner agrees to secure home prior to leaving the premises. Healing Hands Pet Massage & Pet Sitting Services and IC's will re-secure the home to the best of its ability at the end of each visit. While keys are in the possession of the Pet Sitter or IC, they will be either on the Sitter's physical person, or be properly stored in an undisclosed location. Healing Hands Pet Massage & Pet Sitting Services subscribes to insurance coverage through NAPPS for lost key lock replacements.
15. Pet Owner must have legal rights to place the animals in the care of Pet Sitters, Kennels, and Veterinary Clinics. The Pet Sitter cannot service a home with "Visiting" pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, including a Legal Considerations Agreement, accepted and signed by each rightful owner(s).
16. The terms of this document apply to all the pets owned by the Client, including any and all new pets that the Customer obtains on or after the date this document was signed, at any and all locations the Owner designates for service.
17. ***Pet Owner is responsible for pet-proofing house and yard, and the security fences/gates/latches.*** Healing Hands Pet Massage & Pet Sitting Services and IC's will **not** be responsible for the safety of any pets and will **not** be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
18. Healing Hands Pet Massage & Pet Sitting Services is authorized to seek any emergency veterinarian assistance needed during visits, at the cost of the client, from any veterinarian as chosen by the Pet Sitter. However, the Pet Sitter is not responsible for the health/well-being of the animal.
19. Pet Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit harness (halter, collar, etc.) for walks or in case of emergencies, firmly affixed vaccination tags, a lead rope or leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and pet litter. Pet Owner authorizes any purchases necessary for

the satisfactory performance of duties. ***Pet Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse Healing Hands Pet Massage & Pet Sitting Services within 14 days for all purchases made.***

20. ***Pet Owner will be responsible for all medical expenses and damages resulting from an injury to a Pet Sitter IC's, or other persons, by the Pet.*** Customer agrees to indemnify, hold harmless, and defend Healing Hands Pet Massage & Pet Sitting Services and IC's, in the event of a claim by any person injured by the Pet.
21. It is suggested that arrangements be made with someone to evacuate your pets in case of a disaster or weather-related event/crisis. Healing Hands Pet Massage & Pet Sitting Services and IC's will definitely try to see to your pet's safety/care should such events occur, but cannot guarantee it.
22. Future Services: I authorize this contract to be valid approval for services so as to permit Healing Hands Pet Massage & Pet Sitting Services and IC's to accept all future telephone, mail or email reservations and enter my home without additional signed contracts or written authorizations.
23. Healing Hands Pet Massage & Pet Sitting Services reserves the right to terminate this contract at anytime if the Pet Sitter, in his/her sole discretion determines that Owner's pet poses a danger to the health or safety of itself, other pets, other people, or the Pet Sitter. If concerns prohibit the Pet Sitter from caring for the pet, the Owner authorizes the pet to be placed in a kennel (or previously arranged locale), with all charges (including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability) to be the responsibility of the Owner.
24. Healing Hands Pet Massage & Pet Sitting Services and IC's agree to provide services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of the services as an express condition thereof, the client expressly waives and relinquishes any and all claims against the company and its Independent Contractors, except those arising from negligence. Claims of negligence that involve an Independent Contractor, working for Healing Hands Pet Massage & Pet Sitting Services, will be the responsibility of the Independent Contractor and any other company they may represent. Such claims will not be filed against Healing Hands Pet Massage & Pet Sitting Services. All Independent Contractors are required to carry liability insurance with optional coverage or bonding through a reputable company.
25. Client agrees to notify Healing Hands Pet Massage & Pet Sitting Services of any concerns ***within 24 hours of return.***
26. This agreement is valid from the date signed, and replaces any prior Legal Considerations Agreements. Client agrees to any future Healing Hands Pet Massage & Pet Sitting Services term changes relayed ***verbally to the client,*** mailed or emailed in writing to the client, under the headings Terms, Forms, Legal Agreement, or Term Changes.
27. The Client/Owner states that he/she has read this agreement in its entirety and fully understands and accepts its terms and conditions.

Client Name (Printed): _____

Client Signature: _____

Date Signed: _____