



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

Client Profile

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact Name	Phone	Relationship	Have Key?
_____	_____	_____	_____

Name of Vet Hospital _____ Phone _____

Leaving Key(s) to Which Door(s) _____

Do you have a security system: Y N (if yes, please advise Security Company you are using our service!)

Instructions on how to disarm & arm the security system _____

Are there cameras in your home? Y N (if yes, please describe location): _____

Will others have access to your home (maids, landscapers, family members, etc)? If so, please explain:

Explanation of services & rates:

Service	Rate
Initial Consultation	FREE
Consultation Fee	18.00
Doggie Visit	\$18 for a 30 minute visit
Puppy Care Program – 2- 20 minute visits	\$30 per day
Puppy Visit	\$15 for a 20 minute visit
Vacation Dog Sitting – 3 – 30 minute visits	\$54 per day
Dog Same Day Emergency Visit	\$18 for a 20 minute visit
Crazy Cat Sitting/The PACKage	\$25.50 for a 45 minute visit for multiple pets
Kitten Visit (1-2 cats) – 20 minute visit	\$15 per visit
Cat Visit (3-5 cats) – 30 minute visit	\$18 per visit
Mixed Pet Sitting (Cat AND dog)	Varies based on needs
Additional 10 minutes	\$5
Holiday Fee	\$18 additional per day
Key Fee	\$18
Returned Check Fee	\$35 per occurrence
Late Fee	See Service Agreement
Veterinary Special Service Fee	\$50 per trip to hospital

Doggie Visit – Standard 30 minute visit. Each “additional pet” charges are a per day rate. Additional blocks of time can be purchased separately, in 10-minute increments.

Puppy Care Program – Standard 20 minute visit conducted twice daily, first visit between ~9am – 11am and second visit between ~1pm – 3pm.

Dog or Cat Sitting – Visits between 6am-9pm. Additional blocks of time can be purchased separately, in 10-minute increments.



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

Key Fee - Charge to obtain client's keys if not provided during initial consultation; if complications arise due to inadequate keys or access instructions provided, clients may be charged an 'Additional 10 minute fee' for each additional 10 minutes it takes to resolve the issue.

Holiday Fee – An additional surcharge is applied to each visit during these holidays. The entire Holiday Surcharge applicable to your holiday job is required to be pre-paid at time of reservation.

Holiday Periods: New Years Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and New Years Eve.

CLOSED: December 24 to December 26.

Veterinary Special Service Fee- In the event an animal under Peace of Mind Pet Services Care requires unanticipated or emergency veterinary treatment, there will be a fee of \$50 for each visit to the veterinary establishment Peace of Mind Pet Services makes; if Peace of Mind Pet Services is required to stay with pet at the veterinary establishment, client may also be charged at the 'Additional 10-minute fee' for each additional 10 minutes spent at the veterinary facility.

Payment - A 50 % deposit is required for first time clients, long-term assignments, and holiday bookings. Payment in full is required within 7 days of the last day of service. Forms of payment accepted are cash or checks payable to Peace of Mind Services.

Cancellation Policy – Cancellations made within 48 hours of requested date will incur a full penalty of deposit monies. Holiday reservations require a 50% prepayment at booking; holiday cancellations with less than 2 weeks notice will incur a full penalty of deposit monies.

Pet Information:

Pet Name _____ Breed _____

Sex **M** **F** Spayed/Neutered **Y** **N** Weight _____ Color/Markings _____ Birthday _____

How does pet react with strangers? _____

Attitude toward strangers, check all that apply: Excited Friendly Aloof Cautious Stressed Scared Defensive Mean

Has your pet ever bitten a person (if so, please explain) _____

Is pet up to date on Rabies vaccine? **Y** **N** (if not, please explain) _____

How does pet react with strange animals? _____

Pet's fears and hiding places: _____

Location of food _____ Location of treats _____

AM Feeding Instructions _____

PM Feeding Instructions _____

Location of leash/carrier _____ Location of cleaning supplies _____

Where to dispose of trash _____ Location of towels (for muddy paws) _____

Location of litter box _____ Location of medications _____

Medical Conditions/Medications/How to administer medications _____

Other Instructions/special concerns/behavioral notes/unique aspects and abilities of pet:

Please Circle One: **YES** I have additional pets, see addendum. **NO** addendum needed-s/he is the sole pet of the household.

I have reviewed this Client Profile for accuracy and understand the contents of this form. I understand that Peace of Mind Pet Services may modify the rates listed herein from time-to-time, in its sole discretion, and all up-to-date policies, prices, etc. can be found on their website. I understand it is my duty to inform Peace of Mind Pet Services of any changes in this profile or otherwise relevant in timely manner (at least 48 hours prior to next service); I understand Peace of Mind Pet Services is not responsible for any changes, conditions, or ensuing results if not adequately informed.

Client's Signature _____ Date _____

Peace of Mind Services Signature _____ Date _____



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

Client Profile: Additional Pets Addendum Page: ___ of ___

Pet Name _____ Breed _____

Sex **M** **F** Spayed/Neutered **Y** **N** Weight _____ Color/Markings _____ Birthday _____

How does pet react with strangers? _____

Attitude toward strangers, check all that apply: Excited Friendly Aloof Cautious Stressed Scared Defensive Mean

Has your pet ever bitten a person (if so, please explain) _____

Is pet up to date on Rabies vaccine? **Y** **N** (if not, please explain) _____

How does pet react with strange animals? _____

Pet's fears and hiding places: _____

Location of food _____ Location of treats _____

AM Feeding Instructions _____

PM Feeding Instructions _____

Location of leash/carrier _____ Location of cleaning supplies _____

Where to dispose of trash _____ Location of towels (for muddy paws) _____

Location of litter box _____ Location of medications _____

Medical Conditions/Medications/How to administer medications _____

Other Instructions/special concerns/behavioral notes/unique aspects and abilities of pet:

Pet Name _____ Breed _____

Sex **M** **F** Spayed/Neutered **Y** **N** Weight _____ Color/Markings _____ Birthday _____

How does pet react with strangers? _____

Attitude toward strangers, check all that apply: Excited Friendly Aloof Cautious Stressed Scared Defensive Mean

Has your pet ever bitten a person (if so, please explain) _____

Is pet up to date on Rabies vaccine? **Y** **N** (if not, please explain) _____

How does pet react with strange animals? _____

Pet's fears and hiding places: _____

Location of food _____ Location of treats _____

AM Feeding Instructions _____

PM Feeding Instructions _____

Location of leash/carrier _____ Location of cleaning supplies _____

Where to dispose of trash _____ Location of towels (for muddy paws) _____

Location of litter box _____ Location of medications _____

Medical Conditions/Medications/How to administer medications _____

Other Instructions/special concerns/behavioral notes/unique aspects and abilities of pet:

Client's Signature _____ Date _____



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

Service Agreement

Name _____ (client)

Date _____

Client desires to engage Peace of Mind Pet Services ("Company") to obtain the care and services provided by Company (the "Services") for Client's pet(s) (the "Pets"), and Peace of Mind Pet Services agrees to provide Services in accordance with the terms and conditions of this Service Agreement (the "Agreement").

In consideration of the following terms and conditions, and other good and valuable consideration hereby acknowledged by the parties hereto, Client and Peace of Mind Pet Services agree as follows:

1. Client authorizes and engages Peace of Mind Pet Services to perform the Services as set forth herein and in the Client Profile provided to Client (the "Client Profile") for the time period(s) as requested by Client ("Scheduled Period"). During any Scheduled Period, fees for Services will be calculated pursuant to the Client Profile, which may be modified from time-to-time by Peace of Mind Pet Services in its sole discretion. If Client determines that any Services scheduled during the Scheduled Period are no longer required, Client must notify Peace of Mind Pet Services promptly, and in no event less than the period of time specified in the Client Profile to avoid being charged for any such Services.
2. Peace of Mind Pet Services is authorized to approve medical and/or emergency treatment as recommended by a veterinarian. Client agrees to reimburse Peace of Mind Pet Services for expense incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed. Client agrees to indemnify, defend and hold harmless Peace of Mind Pet Services for any issues arising from Peace of Mind Pet Services providing home/food/supplies.
3. This Agreement authorizes Peace of Mind Pet Services to enter the Client's home to provide the services listed herein. In the event that Company is required to employ a locksmith to enter Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Company the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.
4. Peace of Mind Pet Services agrees to provide all agreed upon services in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said Company except those arising from negligence or willful misconduct on the part of the Company.
5. Client represents and warrants that Pets are currently vaccinated in accordance with all local and state laws and regulations. Under no circumstances will Company service any pet that has any form of contagious or zoonotic illness. If Company pet care provider is bitten or exposed to any disease or ailment received from the Pets, the Client will be responsible for all costs and damages that may occur. Client agrees to indemnify, defend and hold harmless Peace of Mind Pet Services from all liabilities, claims and expenses, including reasonable attorney's fees, that arise from or relate to Pets' behavior, including without limitation property damage, personal injury or death caused by Pets.
6. Peace of Mind Pet Services will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result. Excessively shy cats with medical problems can be a serious risk. If you have such an animal, this must be thoroughly discussed.
7. Client grants (unless indicated otherwise below) Peace of Mind Pet Services the right to take photographs of my pet(s) and to copyright, use and publish the same in print and/or electronically, with or without my or pets name and for any lawful purpose, including but not limited to: such purposes as publicity, record keeping, illustration, advertising, and Web content. Client understands Company will to the best of their ability avoid publishing photographs revealing personal information (i.e.: address, security systems, valuables, etc.) **I do not authorize Peace of Mind Pet Services to take photographs of my pet (initial here):** _____
8. Client shall promptly (within 7 days) pay all invoices from Peace of Mind Pet Services and may be required to pay certain fees in advance as determined by Company. Late fees, handling fees for returned checks and other fees shall be payable as set forth in the Client Profile. Client shall pay interest charges at a rate of two percent (2%) per month on past due invoices. Client will be responsible for all costs and fees associated with collection proceedings, including reasonable attorneys' fees, for all amounts more than thirty (30) days past due. If account is not paid within thirty days (30), there will be a one time (5%) penalty on the unpaid balance. Reasonable attorney's fees are defined as fifty percent (50%) the amount due.
9. Either party may terminate this Agreement at any time for any reason or no reason by providing the other party with notice of such termination. This Agreement constitutes the entire agreement between the parties in connection with the subject matter hereof and supersedes all prior and contemporaneous agreements, understanding, negotiations and discussions between the parties, whether oral or written. The validity, construction and performance of this Agreement shall be governed by construed in accordance with the substantive law of the Commonwealth of Virginia, without regard to conflicts of law provisions. If any provision of this Agreement or the application of any such provision shall be held to be contrary to law, the remaining provisions of this Agreement shall remain in full force and effect to the maximum extent permissible.

I have reviewed this Service Agreement for accuracy and understand the contents of this form. I agree to prepay the total fees for services stated herein, and to pay any additional charges due when the service has been completed.

Client's Signature _____ Date: _____

Peace of Mind Signature _____ Date: _____



Wizard of Paws LLC trading as

Peace of Mind Pet Services

10908 Courthouse Road #102256

Fredericksburg, VA 22408

(540) 623-6929

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 Peace of Mind Pet Services, I give permission to Peace of Mind Pet Services to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on my client profile; if nothing is listed or my pet is unable to be seen by my preferred veterinary care team, I understand and authorize Peace of Mind Pet Services to take my pet(s) to another day practice veterinarian of their choosing, or the veterinary emergency center (VVC) located in Central Park based on the judgement of Peace of Mind Pet Services.

(Required.) I understand and authorize Peace of Mind Pet Services to approve up to a minimum of \$100 of care per pet from a regular veterinary facility and/or up to a minimum of \$150 per pet at an emergency facility; however, I ask Peace of Mind Pet Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet (most common values are \$200, \$1000, 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. While I understand and authorize Peace of Mind Pet Services to make any and all decisions regarding veterinary care for my pets before contact with me is made, I ask Peace of Mind Pet Services to keep my following preferences in mind:

(Required.) I authorize Peace of Mind Pet Services to designate my pet **(circle one):** CPR | DNR | CPR OR DNR (at Peace of Mind Pet Services judgement). I understand CPR may result in additional veterinary fees which will vary based on veterinary establishment. **Initials:** _____

(Recommended.) I authorize Peace of Mind Pet Services to approve supportive care for my pet (including but not limited to: subcutaneous fluids, bandaging and basic wound care, injectable medications, pain medications, and prescription medications). **Initials:** _____

(Optional.) I authorize Peace of Mind Pet Services to approve diagnostic tests (including but not limited to: radiographs, ultrasounds, bloodwork, urinalysis, cytology, and other common patient side tests) to allow for better treatment of my pet. **Initials:** _____

(Optional.) I authorize Peace of Mind Pet Services to approve **(circle all which apply): Minor Surgical Procedures and/or Major Surgical Procedures.** I understand minor surgical procedures are considered procedures occurring outside of the sterile OR (i.e. laceration repair, thoracocentesis, abdominocentesis, proptosed eye repair/removal) and major surgical procedure are considered ones in which there is an open body cavity (i.e. emergency c-section, gastric dilation-volvulus aka bloat, foreign body removal). **Initials** _____

I understand that Peace of Mind Pet Services works 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 Peace of Mind Pet Services to use their best judgment in handling these situations, and I understand that Peace of Mind Pet Services assumes 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 Peace of Mind Pet Services for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident. I further agree to hold harmless, indemnify, and defend Peace of Mind Pet Services for any liabilities, further injuries, or harm, which may arise from transporting any or all of my pet(s) to a veterinary service.

I further authorize Peace of Mind Pet Services and my primary veterinarian(s) to share all of the medical records of all of my animals with each other and any other veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog, cat, and pet 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 Peace of Mind Pet Services of any signs of injury or possible illness before any visit as soon as the condition appears. Peace of Mind Pet Services reserves the right to cancel service at any location where a pet with a potentially infectious, contagious, or zoonotic condition exists. Peace of Mind Pet Services strives to provide clean, safe service to each of our clients. In doing so, Peace of Mind Pet Services strongly recommends that each pet be vaccinated, dewormed, and protected from harmful pests 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 Peace of Mind Pet Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within Peace of Mind Pet 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 Signature: _____

Client/Owner Name: _____ **Date:** _____