



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:

Are you comfortable with sitters using your restroom if needed at visits? Y N Comments: _____

Explanation of services & rates: rates based on time

Service	Rate
Initial Consultation with owner	FREE
Consultation Fee with sitter	18.00 per sitter
Puppy/Kitten Visit (1-2 pets any age)	\$15 for a 20-minute visit
Doggie/Cat Visit (3-5 pets any age)	\$18 for a 30-minute visit
Furty Minute Visit – 40-minute visit	\$23 for a 40-minute visit
Crazy Cat Sitting/The PACKage	\$25.50 for a 45-minute visit for multiple pets
Puppy Care Program – 2- 20-minute visits	\$30 per day
Vacation Dog Sitting – 3 – 30-minute visits	\$54 per day
Mixed Pet Sitting (multi-species households)	Varies based on needs
Additional 10 minutes	\$5 per each set of 10 minutes added on
Holiday Fee	\$18 additional per day
Same/Next Day Visit	\$18 for a 20-minute visit
Late Request Fee	\$5
Returned Check Fee	\$35 per occurrence
Late Payment Fee	See Service Agreement
Veterinary Special Service Fee	\$50 per trip to hospital

Individual visits – visits are charged based on length of time, not age of pet or number of pets. Typically, the amount of time it takes to properly care for your pets is proportional to the number of pets you have, and the level of care needed.

Dog or Cat Sitting – Visits typically between 6am-9pm; can curate visits based on your pets needs! Includes bringing in mail and rotating lights!



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Holiday Fee – An additional surcharge is applied to each day during these holidays. Holiday fees may be required at time of scheduling services.

Holidays which incur a fee: New Year’s 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, clients are subject to a fee of \$50 for each visit to the veterinary establishment; 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.

Late Request Fee: Requests for the upcoming week (Monday-Sunday) are due the preceding Friday at 7pm; any visits requested after this cut off time are subject to incur a flat \$5 fee added to your invoice for that week.

Payment - A 50 % deposit is required for first time clients, long-term assignments, and holiday bookings. Payment in full is required within 14 days of billing. Forms of payment accepted are cash, checks payable to Peace of Mind Services, and Venmo.

Cancellation Policy – Cancellations made within 48 hours of requested date may incur a full penalty of deposit monies. Holiday cancellations with less than 1 weeks’ notice will incur a full penalty of deposit monies.

Admin Hours – Admin hours are Monday-Saturday 7a-7pm; messages will be received during those times. Sundays are emergency only.

Pet Information:

Pet Name _____ Breed _____

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

Microchipped? **Y** **N** Microchip Number _____

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 _____



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Client Profile: Additional Pets Addendum Page: ___ of ___

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