

Grooming4Less

Grooming4Less Service Agreement

info.grooming4less@gmail.com 646-431-8043

Date \_\_\_\_\_ Client Name \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and number of local friend/relative: \_\_\_\_\_

Name of Pet #1: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F Age: \_\_

Birthday: \_\_\_\_\_ Neutered/spayed: Yes No Vaccinations current: Yes No

Chip: Yes No Collar tag: Yes No \_\_\_\_\_ Rabies Tag #  
License Number:

Health concerns: \_\_\_\_\_ Medications: \_\_\_\_\_  
Use back of sheet if needed

Are treats allowed? Yes No Other \_\_\_\_\_

NOTE: Pets must be completely free of fleas, ticks, and any contagious illness.

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do I have your permission to take your pet to the veterinarian if necessary? Yes No

\*\* If your Veterinarian is unavailable, your dog will be taken to the  
Animal Medical Center located at 510 East 62nd Street, New York, NY, Open 24/7.

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Feeding Instructions and/or Special Needs: \_\_\_\_\_

If medications are to be administered, please include a separate page with instructions. Behavioral Dog aggression, dislikes children; fear of storms, traffic chewing shoes, pillows; even small quirks: things, i.e., doesn't like back feet touched, etc.

Day Services Agreement Details (Please circle appropriate service):

Care Minutes: \_\_\_\_\_ 12 hrs or Less 12 hrs or more - Sleepover \_\_\_\_\_

Service Fee \$ \_\_\_\_\_

Services Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

Where did you learn about Pawfect Day? Internet search/PetSitFinder.com, Craigs List

**TERMS AND CONDITIONS:** Grooming4Less agrees to provide the services stated in this contract in a reliable, caring, and trustworthy manner. In consideration of these services and as express condition thereof, the Client expressly waives and relinquishes any and all claims against said Rafael Roman except those arising from gross negligence or willful misconduct on the part of Rafael Roman. Please initial: \_\_\_\_\_

Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting Rafael Roman to accept reservations for service without additional signed contracts or written authorization. I agree to reimburse Rafael Roman for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected food, supplies, repairs, cleaning, or transportation. Please be aware that emergency veterinarian fees can be quite costly, particularly if surgery is involved. **IF MEDICATIONS ARE TO BE ADMINISTERED:** The Client acknowledges that the Rafael Roman is NOT a veterinary professional and therefore does not hold the Rafael Roman accountable for medical circumstances beyond his control. I have read the above agreement in the presence of the Rafael Roman and agree to the terms as specified herein.

Client Signature Date \_\_\_\_\_

Grooming4Less Signature Date \_\_\_\_\_