



Trails and Tails Pet Care, LLC
www.trailsandtailspetcare.com
trailsandtailspetcare@gmail.com
443.740.5308

Thank you for contacting Trails and Tails Pet Care LLC.

I would like to personally welcome you and your pet(s) to our T&TPC family!

If you haven't done so already, please make sure you have made your online profile for your home & pet information. The link is on the services page on our website. You don't need a code to get started. If you have any trouble finding it, please ask and I'll send you the link via email.

In addition to the online information, please fill out the attached forms and either scan/email back to me or give to me at our meet and greet meeting.

Meet & Greet: Depending on the time of year, our schedule varies with busy times. Sometimes I can get these meetings in right away and other times it may take a week or two to get you on the books. Either way, I promise I'll get you booked as soon as I can!

1. Please let me know some dates, times of day that you are available for meeting. Let's get that date booked!

2. What happens at this meeting? I get to put voices & emails to faces, meet your fur-kids, pick up New Client Paperwork (completed), pick up 2 sets of keys, and be shown where your fur-kids things are and their routine!

3. That's it, now you've gotten all the official things done and now we just need to get your pets on the calendar! Whether you are signing up for M-F daily walk needs, Random dates, Vacation dates, etc!

Scheduling:

Scheduling in advance is always preferred, but I know sometimes things come up and you may need last minute pet care. I will always try my best to squeeze you in!

All schedule requests, cancellations, etc are done through the online portal.

Holidays- Please book in advance. If you are a regular daily walking client, if you are off on a certain holiday and will be home, please let me know in advance by cancelling or requesting online.

Additional Services & Holiday Information

Please check our services page on www.trailsandtailspetcare.com for descriptions of services & detailed pricing.

- **Trails & Tails Pet Care LLC. services the Catonsville, Ellicott City, Oella, Arbutus and Halethorpe areas.**
- **-All services are quoted for a 5 mile radius from our Headquarters. If you are outside of this radius, an additional \$5.00+ to prices listed above will be added for gas compensation.**
- **-Each pet visit/walk includes lots of love, healthy treats, refreshed water, and playtime!**
- **-All rates are for 1-2 dogs, add \$3 for a third, \$5 for a fourth**
- **-All services are for Monday-Friday, weekend requests are an additional \$2 to prices listed.**
- **-Night visits are an additional \$5 (after 7pm)**
- **-Holiday rates are billed at time and a half for the following:**
- **New Year's Eve | New Year's Day | MLK | President's Day | Easter | Memorial Day | 4th of July | Labor Day | Veterans Day | Thanksgiving Eve | Thanksgiving Day | Day after Thanksgiving | Christmas Eve | Christmas Day | Day after Christmas |**
- **Holiday priority is given to existing clients, please book in advance.**

- **Payment is due at the time of service, cash & checks accepted. Visa & Mastercard accepted with a small fee.**

- **Cancellation policy: Cancellations made within 12 hours of the scheduled visit will be billed at the full amount. Cancellations made within 24 hours will be billed at half the amount of the scheduled visit.**
- **-I am happy to feed or give basic medications and insulin shots, upon request.**

- **-If there is something that I have not covered in my services that you need, please let me know and I will be happy discuss your needs for your pets.**

Stay social with us on:

Facebook, Instagram & Twitter

www.trailsandtailspetcare.com



VETERINARIAN AUTHORIZATION

Regular Veterinarian

Name: _____

Address: _____

Phone: _____

Hours: _____

Emergency (after hours) Veterinarian- Open 24 hours

Name: _____

Address/Phone: _____

If you do not have an Emergency Vet on file to go to, your pet will be taken to the below location in an after hours emergency. If your pet is staying in my home and this vet is closer than your emergency vet, your pet will be taken to this vet.

Emergency (after hours) Veterinarian

Name: Pet ER: Emergency Veterinary Clinic

Address: 32 Mellor Ave, Catonsville, MD 21228

Phone: 410.788.7040 / Website: www.evccatonsville.com / Hours: 24 Hours

If any of my animals become ill, Trails and Tails Pet Care, LLC is authorized to take them to either of the above veterinarians to diagnose their condition. If it is after hours, Trails and Tails Pet Care, LLC will take my pet to Pet ER. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at his discretion.

The charges for any vet visit or treatment will be applied to my account if the veterinarian will do so. I authorize him/her to charge up to \$ _____ for treatment. In the event that the vet requires immediate payment it may be charged to my credit card below:

(OPTIONAL) Credit Card Type: Visa MasterCard Discover American Express

Name on card:

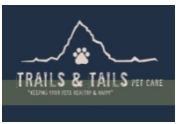
Credit card number:

Expiration date:

All animals must be up to date on their rabies vaccinations before Trails and Tails Pet Care, LLC. can care for them. All of my animals are current on their rabies vaccinations.

Pet Owner: _____

Signature: _____ Date: _____



KEY RELEASE

I authorize the representative of Trails and Tails Pet Care, LLC to use my house key(s) during the time he/she will be caring for my pets. I will provide Trails and Tails Pet Care, LLC with two copies of my key for daily regular care and for vacation care. If Trails and Tails Pet Care, LLC does not keep my keys on file there will be a charge of \$6.00 for key pick up and \$6.00 for key return.

Please return my keys to me after I return home.

Please keep my keys for future visits until further notice.

Pet Owner: _____

Signature: _____ Date: _____

MEDICATION

Pet Owner: _____

Pet Name: _____

Dates of Medication: _____

Purpose of Medication: _____

Medication: _____ Dosage: _____

How many times a day is it to be given? _____ At what times? _____

If in pill form, do you object to putting it in peanut butter or cheese and giving it to the pet in that manner?



RELEASE OF LIABILITY FORM

I understand that there are risks involved in having my dog cared for by Trails and Tails Pet Care, LLC. In the event of illness or injury, I authorize Trails and Tails Pet Care, LLC to take my dog to the nearest vet considered to be the most suitable by Trails and Tails Pet Care, LLC, or its employees, should Trails and Tails Pet Care, LLC deem it advisable. I agree to pay all vet care required or advised, in the opinion of the vet, to the amount specified on my Veterinarian Authorization Form. If the required care will exceed that amount, I know that Trails and Tails Pet Care, LLC will try to contact me at the telephone numbers I have given when placing reservations for my pet(s). If they cannot reach me, Trails and Tails Pet Care, LLC is authorized to use their best judgment in deciding whether to go ahead with any form of treatment recommended by the vet, whether the cost of such treatment exceeds my maximum amount specified on the Veterinarian Authorization Form or otherwise, and I agree to pay for all such care. I hereby release Trails and Tails Pet Care, LLC from all liabilities related to transportation, treatment, prescribed medications and expense. I agree to reimburse Trails and Tails Pet Care, LLC for any additional fees for tending to emergency care as well as any expenses incurred for any other unexpected veterinary, food or other supply needs. I assume full financial responsibility for any and all expenses involved.

I represent and warrant to Trails and Tails Pet Care, LLC that I have fully disclosed to it any history which my pet(s) may have of aggression, biting or causing other injury or damage to person, other animals or property, and I understand that Trails and Tails Pet Care, LLC reserves the right to refuse service as a result thereof. Client will be liable for medical care expenses and damages that result from an animal bite. I further understand and agree that Trails and Tails Pet Care, LLC and its staff will not be liable for any problem(s) that develop, and I hereby release them of any liability of any kind arising from my pet's participation in services provided by Trails and Tails Pet Care, LLC.

I assume all risk to injury to my pet while in the hands of Trails and Tails Pet Care, LLC or in transportation to any veterinarian clinic, so long as reasonable care is taken to prevent any unnecessary injury, death or loss. By using Trails and Tails Pet Care, LLC, I agree not to file legal charges against Erin Travis, Trails and Tails Pet Care, LLC, or its employees for any injury, death or loss of my pet. I hereby waive and release Trails and Tails Pet Care, LLC and its employees from any and all liability of any nature for any injury, death or loss of my pet resulting from Trails and Tails Pet Care, LLC's actions or on the grounds or surrounding area of Trails and Tails Pet Care, LLC (or the pet owner's home). In the unlikely event my pet causes injury to another animal or person while in the hands of Trails and Tails Pet Care, LLC, I agree to indemnify and subrogate Trails and Tails Pet Care, LLC from any action which may be brought against it, arising directly or indirectly from injury, loss or damage caused by my pet. I will assume liability for the actions of my pet and agree to maintain personal liability insurance to cover me in the event of such an accident.

There will be a \$50.00 fee for all returned checks.

Trails and Tails Pet Care, LLC requires a 12 to 24 hour notice of cancellation. All cancellations made within 12 hours will be billed at the full amount and within 24 hours will be billed half the amount of the scheduled visit fee.

My signature on this document indicates that I hereby certify that I have read and understand these rules and regulations set forth above in this Agreement, and each of its terms and conditions, and agrees to abide and be bound by these rules and regulations.

Agreed and accepted this _____ day of _____ 20__.

Owner's Signature: _____



Photo Release Authorization Form

Trails and Tails Pet Care LLC, from time to time, will be taking photo's of your pets. We are asking your permission to reserve the right to use these photos for our Facebook, Twitter, Trails and Tails Pet Care LLC website, and marketing purposes. We enjoy showing off how fun your pets are having and this also allows you to keep up with what is happening with your pet while in the care of Trails and Tails Pet Care LLC. We have had rave reviews from current clients that really love being able to glance at photos of their pets or to get a photo of their pet texted to them in the middle of the day.

___ Yes, I grant permission for (Erin Travis, Owner/Operator of Trails and Tails Pet Care LLC.) to use my pet(s)' s photo for the publications listed above.

___ No, Please do not use my pet(s)' s photo.

Parent Signature_____ Date_____

Stay Connected with Trails and Tails Pet Care LLC.

**Website: www.trailsandtailspetcare.com
Instagram & facebook @trailsandtailspetcare**

