

On the Go... **Paula's Pet Taxi**

Transporting Your Beloved Pet to & from!

Pet Taxi Transport Service
Fridays, Saturdays, & Sundays
by appointment

Mobile Phone: 440-655-6601
Home Fax: 440-278-4320
E-mail: aced2000@yahoo.com
<https://www.zover.com/sit/aced2000>



Local Pet Taxi Servicing Lake County & Vicinity
Paula Banas (440) 655-6601
aced2000@yahoo.com

PayPal Payment Email: paulaced2000-shop@oh.rr.com

Pet ____ of ____

Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify PAULA'S PET TAXI before service dates.

A copy of this form will be sent to the primary veterinarian listed below to be retained in the pets' medical files. *Your signature is required to authorize treatment.

Client Name: _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Mobile: _____
Email: _____

To whom it may concern:

I have contracted for services from PAULA'S PET TAXI during my absence. I authorize PAULA'S PET TAXI to transport my pets to my veterinarian (or to an emergency clinic) and, on my behalf, to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name	- Description-	Maximum Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If **multiple** pets require treatment, do **not exceed** a **combined** total of \$_____.

Special Instructions: _____.

PAULA'S PET TAXI reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.



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Pet ____ of ____

Primary Veterinary Clinic:

Address: _____ City: _____ State: ____

ZIP: _____

Phone: _____ Fax: _____

Preferred Urgent Care Veterinary

Facility: _____

Address: _____ City: _____

_____ State: __ ZIP: _____ Phone: _____

Fax: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Paula's Pet Taxi service, LLC assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

*Signed _____

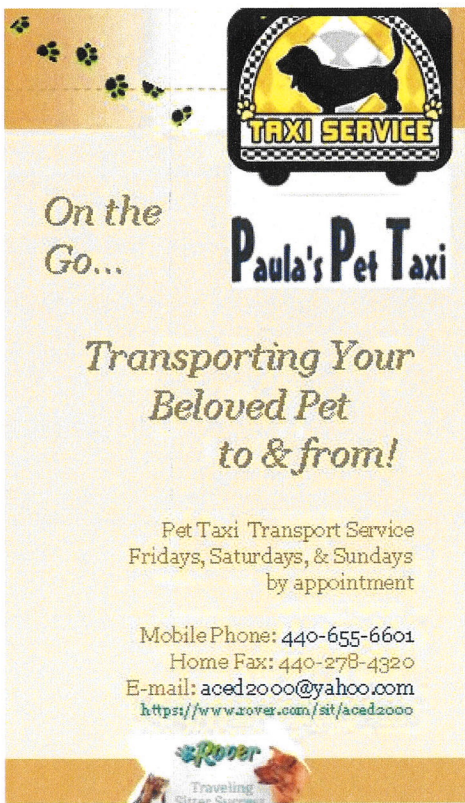
OR: MasterCard Visa Card number: _____

Exp. Date: ____/____ Name on card: _____

*Signed: _____

Maximum charge authorized for veterinary care and pet medications only

\$_____.



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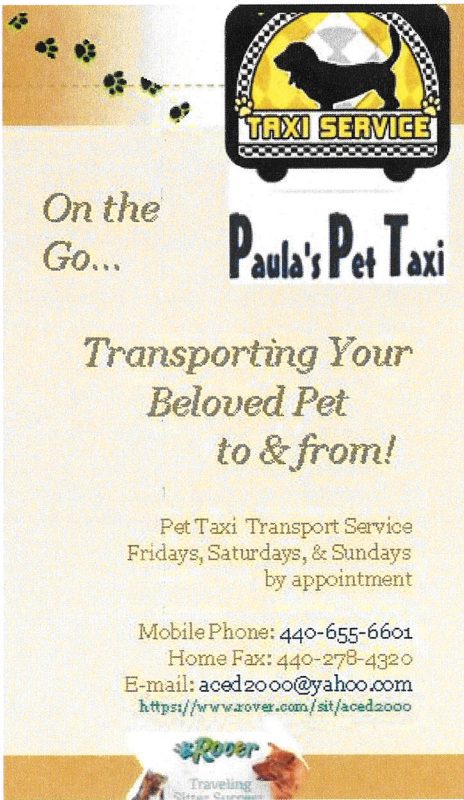
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Terms of Agreement

This signed document is an agreement between Paula's Pet Taxi Service, LLC and _____ (Client) for pet taxi services described above. Paula's Pet Taxi Service, LLC agrees to provide pet care services to Client in a reliable, trustworthy, and caring manner.

The parties agree that they shall not disclose any terms and conditions contained in this agreement to any other party and shall keep same confidential between them.

1. I authorize Paula's Pet Taxi Service, LLC to perform pet taxi services as outlined above and in Client Profile, Pet Profile(s), and Policies and Procedures which shall become part of this contract.
2. I authorize Paula's Pet Taxi Service, LLC to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize Paula's Pet Taxi Service, LLC to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact me prior to obtaining emergency care.
3. Paula's Pet Taxi Service, LLC accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.
4. I agree to reimburse Paula's Pet Taxi Service, LLC for any additional fees for providing emergency care, as well as any expenses incurred for unexpected transportation or supplies.
5. Paula's Pet Taxi Service, LLC agrees to provide the services stated in this agreement in a reliable, trustworthy, and caring manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Paula's Pet Taxi Service, LLC, its employees or assigns, except those arising from proven deliberate negligence of the pet sitter.
6. Paula's Pet Taxi Service, LLC will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors.
7. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet(s). Client agrees to indemnify and hold harmless Paula's Pet Taxi Service, LLC in the event of a claim by any person injured by the pet(s).



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8. It is expressly understood that Paula's Pet Taxi Service, LLC shall not be held responsible for any damage to client's property, or that of others, caused by client's pet(s) during the period in which they are in its care.

9. Fees are earned upon acceptance of Pet Taxi reservations. Payment is due at the time of or prior to appointment date. Accepted methods of payment are cash, checks payable to Paula Banas Pet Taxi Service LLC, or PayPal.com (paulaced2000-shop@oh.rr.com). Most convenient way to pay is with [rover.com/sit/aced2000](https://www.rover.com/sit/aced2000)

10. No refunds will be given for cancelled visits once time has been reserved. Clients must give a minimum of 48 hours notice to receive credit against future visits, which is given at the discretion of Paula's Pet Taxi Service, LLC. A fee of \$30 will apply to all returned checks. Client is responsible for all costs of collection.

11. Paula's Pet Taxi Service, LLC is not responsible for any fees due to the vet, groomer, etc. Client must make prior payment arrangements. If client would like Paula's Pet Taxi Service, LLC to submit payment for client in the form of cash, Paula's Pet Taxi Service, LLC is not responsible for any loss.

12. I attest to the fact that all licenses and vaccinations required by the State of Ohio, the City in which I reside and/or the County of Lake are current according to the law.

I have completed and **signed required veterinary release form, pet profile, and client profile**. My primary veterinarian will be notified with a copy of the veterinary release form.

I have read and agree to the aforementioned Policies and Procedures which are a part of this agreement. I have been provided with a copy for my records.

Client Signature: _____

By: Paula L. Banas, Owner/Operator Paula's Pet Taxi Service, LLC

Date _____



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Client Profile and Home Information Form

Your name _____

Spouse/partner name _____

Local address _____

Home address (if vacationing or a seasonal resident)

Mailing address (if different from above)

Email _____

Phones: Home _____ Mobile (self) _____

Work (self) _____ Mobile (spouse/partner) _____

Work (spouse/partner) _____

How did you find out about us? Internet Print ad (publication _____)

Referred by _____ Other _____

Do you own or rent your home? Own Rent

Landlord/Management contact # _____

EMERGENCY CONTACTS

(People able to make decisions about care of pets or home if we cannot reach you in an emergency)

Name Relationship Key to home? Yes No Phone Numbers

OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY

(realtor, housekeeper, gardener, pest control, relative, friends, et.) Yes No

Name/Relationship Phone Key to home? Date/Time of Visit?



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TRAVELERS ONLY

Where going How traveling

Where staying Contact #

Date/time you will leave house

Date/time you will return to house

* This signed document is authorization for Paula's Pet Taxi Service, LLC representatives to enter the above premises for the purpose of pet care or home security.

Client Signature: _____

By: Paula L. Banas, Owner/Operator: Paula's Pet Taxi Service, LLC

Date _____

Pet Information Form

(for multiple pets, complete one form per pet)

We ask many questions in order to best protect your pets and other clients' pets. Detailed information enables us to use extra care and to take any necessary preventative measures while providing for every pet in our care.

Client Name _____

Pet Name: Dog Cat Bird Other _____

County Pet/Rabies License # _____

Other area license # Phone number of licensing agency _____

Sex: Female Spayed? No Yes Male Neutered? No Yes

Color: _____

Distinctive markings: _____

Breed: _____ **Pet Date of Birth:** _____ **Weight:** _____

Pet's collar color: _____



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How do you describe your pet's personality? Friendly Easy-going Aloof
Excitable Stubborn Meek Other _____

Attitude toward strangers? Excited Friendly Aloof Cautious Stressed
Scared Defensive Mean Indifferent

Has your pet ever snapped at, bitten, or acted aggressively anyone?

Yes No

If yes, please explain:

Is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home?

Favorite toys / activities / special words?

May pet sitter give your pet treats? Yes No Yes, but only this kind _____

Does your pet like to be brushed or combed? Yes No


Does your pet like to be held? Yes No

Favorite places to hide _____

What is your dog's favorite walking route? _____

Is your yard fenced? Yes No Does your dog use a pet door? Yes No

Where should pet waste be disposed of? _____



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How many litter boxes in use? _____

Location(s)? _____

Where is fresh litter stored?

Litter box(es) are completely emptied and replenished with new litter
_____ times per week.

Dispose of dirty litter how?

Feeding Instructions: quantities, special preparation instructions, etc.

A.M. _____

P.M. _____

Feed pets together separately

For multiple pets: Please describe **which dish** belongs to which pet and **where** each pet prefers to eat:

Brand of pet food used: _____

Where is pet food stored? _____

PLEASE LIST THE LOCATION OF THE FOLLOWING

Leashes Toys Carrier(s) Can Opener (if applicable)

Brushes Treats Doggie Towels Meds/Vitamins

Medications:

Name of Medication	When to Administer	Amount	How to Administer
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History of illness? Yes No If yes, explain: _____

