

Dayna Troiano
Pet Service LLC Contract

Owner Information

Name_____ Email_____

Address_____ City_____ Zip_____

Cell Phone_____ Work_____ Other_____

Emergency Contact

Name_____ Number_____

How did you hear about us?_____

Pet Information

Pet Name	Age	M/F	Breed	Color
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UTD Vaccinations Y/N Sick in last 30 days Y/N

Microchip Y/N Number_____

Medical conditions_____

Bite history/Aggression (Food, leash, other dogs)_____

Medication Y/N (If yes please list names and dosage)

Any area on walk to be avoided? _____

Allowed on the furniture Y/N Crated Y/N

Feeding Instructions

Brand	Amount	Times
-------	--------	-------

Special feeding instructions

Services and Rates (Non Negotiable)

*** Service area within 7 miles. Outside area additional cost \$5**

30 Minute Visit/Walk \$30 *Medication \$5 extra per pet

1 Hour Visit or longer \$45 per hour

- **Holiday fee, \$10 extra per visit
(Easter Sunday, Memorial Day,
July 4th, Labor day, Thanksgiving, Christmas Eve,
Christmas Day, New Years Eve, New Years Day)**

Cancellation Policy

- **NO REFUNDS ON SAME DAY CANCELLATIONS.**
- **24 hr cancelation fee 50% of appointment.**
- **48 hr full refund for cancellations.**

Veterinary Information

Name _____ Preferred Dr. _____
Address _____ Number _____

- **If you are going to be away, please make sure to contact your Veterinary office and have my name on file in case of emergency.**

Terms Of Payment

*Accepted Cash, Checks and **Google Pay**
(dtpetservices@gmail.com)

*Checks made payable to **Dayna Troiano. *Returned checks will be charged a fee of \$12.***

*Please note Payment for walks and let outs are **Due at time of visit** unless otherwise discussed.

Thank you for choosing me for your pet care needs!

I have read and agreed to the above.

Print_____

Sign_____Date_____