



3150 18<sup>th</sup> St., Suite 103  
San Francisco, CA, 94110  
(415) 437-2287  
[missioncats@missioncats.net](mailto:missioncats@missioncats.net)  
[www.missioncats.net](http://www.missioncats.net)

## In Home Care

Client Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Service Beginning Date: \_\_\_\_\_ Service Ending Date: \_\_\_\_\_

Number of visits: \_\_\_\_\_

Expected departure date and time: \_\_\_\_\_

Expected return date and time: \_\_\_\_\_

Does anyone else have a key? Y/N

Name and phone number: \_\_\_\_\_

Leave key at home on final visit? Y/N

Keep key on file for future service? Y/N

Cat(s) Names:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Describe your cat(s) in one sentence: \_\_\_\_\_

Are you cats current with their FVRCP vaccinations? Y/N

Are your cats current on their Rabies vaccination? Y/N

Is your cat on any medications? Please provide dosage and storage location. Y/N

What is their medication schedule? (Please include Subcutaneous fluid amounts and dates) \_\_\_\_\_

Tips and tricks to administer medication: \_\_\_\_\_

What is your cats feeding schedule? \_\_\_\_\_

How much food do they get fed? \_\_\_\_\_

Does your cat bolt for the door? Y/N

Where does your cat like to hide or sleep? \_\_\_\_\_

How does your cat like to play? \_\_\_\_\_

Areas to be cautious petting your cat? \_\_\_\_\_

Things your cat hates: \_\_\_\_\_

Things your cat loves: \_\_\_\_\_

Where is your litter box located? \_\_\_\_\_

Where are your litter box supplies located? \_\_\_\_\_

Accident clean up instructions: \_\_\_\_\_

Would you like us to water your plants? Y/N

Would you like your mail brought in? Where is your mailbox located? \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do they have a key? Y/N

Veterinarian Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Instructions: \_\_\_\_\_

Where is your water shut off valve? \_\_\_\_\_

Where is your fuse box? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have an alarm system? Y/N

Please provide us with instructions about your alarm system or security gate: \_\_\_\_\_

Please mark any extras you would like:

\_\_\_ \$25 per administration-- Subcutaneous Fluids

\_\_\_ \$2 per administration – Basic Medication

\_\_\_ \$10 Extensive Brush Out

\_\_\_ \$2 per Day E-mail updates (per cat)

\_\_\_ \$20 Key Pick Up

Other Notes:



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## Service Agreement

I agree to reimburse "**Mission: Cats**" for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected home, food, or other supply needs. Client also agrees to reimburse "**Mission: Cats**" for additional time accrued at the rate of \$40.00 per hour in the case of such an emergency.

I agree to pay in full at the time of consultation visit or at the time of reserving service for any given date.

If I arrive home early I have the right to decide if I wish "**Mission: Cats**" to continue to care for my pets or not but I understand that FULL payment is still due as "**Mission: Cats**" has reserved this time slot in order to care for pets.

I understand that if my absence must be extended "**Mission: Cats**" requires *direct* confirmation for the unscheduled visits.

### LIABILITY:

- 1) Customer expressly waives and relinquishes any and all claims against "**Mission: Cats**", its employees and associates.
- 2) "**Mission: Cats**," company owner, agents, assigns, successors and heirs are not liable and are completely indemnified for any and all liability stemming from the act(s) or failure to act of third parties, whether known or unknown, including but not limited to, friends, neighbors, relatives or other service persons., that shall enter your residence for any purpose while "**Mission: Cats**" is caring for your pets. List the names and phone numbers of persons with access and permission to enter your home in the designated area on the following page.
- 3) It is expressly understood and agreed that "**Mission: Cats**" 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 the pets are in the care of "**Mission: Cats**." I also agree that it is my responsibility to notify "**Mission: Cats**" of any pet that has ever caused an injury to any human or other pet.
- 4) If a pet has a history of biting or other aggressive behavior, "**Mission: Cats**" reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for the representative's medical care expenses and damages that result from an animal bite.
- 5) I attest to the fact that all licenses and vaccinations required by the State of California, and City in which I reside and/or the County of San Francisco are current according to law. \_\_\_\_\_(initial here)

FUTURE SERVICES:

I AUTHORIZE THIS AGREEMENT TO BE VALID APPROVAL FOR FUTURE SERVICES SO AS TO PERMIT "Mission: Cats" TO ACCEPT MY TELEPHONE OR EMAIL RESERVATIONS AND ENTER MY PREMISES WITHOUT ADDITIONAL SIGNED CONTRACTS OR WRITTEN AUTHORIZATIONS ONLY WITH THE UNDERSTANDING THAT DATES AND BILLING ARE SUBJECT TO CHANGE. Key on file \_\_\_\_\_ (initial here)

I have read and agree to the aforementioned Policies and Procedures that are a part of this service agreement. I have been provided with a signed copy for my records. I have completed and signed required veterinary release forms.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any Additional notes or information?

For Office Use Only

Keys received:

Keys on file:

Additional services:

- \_\_\_\_\_ \$10 Nail trim
- \_\_\_\_\_ \$20 per administration-- Subcutaneous Fluids
- \_\_\_\_\_ \$10 Extensive Brush Out
- \_\_\_\_\_ \$2/ Day E-mail updates (per cat)
- \_\_\_\_\_ \$20 Key Pick Up
- \_\_\_\_\_ Total Additional Services

Cat sitting is provided at \$40/per visit for up to 2 cats. Additional cats at \$5/visit: \$60 for two visits per day

\_\_\_\_\_ Price per visit  
 x \_\_\_\_\_ Number of Visits  
 = \_\_\_\_\_ Sub Total  
 + \_\_\_\_\_ Additional Services  
 - \_\_\_\_\_ Discounts and Coupons  
 = \_\_\_\_\_ Total

Payment Due: \_\_\_\_\_

Date received: \_\_\_\_\_

Cash/ Check (made payable to Mission: Cats)/ Credit card



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## Advanced Directives for Medical Care in Owners Absence

For patients experiencing advanced disease, advanced age, multiple disease processes or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measures of resuscitation will be employed if needed.

We will make every reasonable attempt to contact you should your cat become ill or injured during their stay at Mission: Cats.

Any decision you make while on the phone shall supersede your written directives.

If we are unable to reach you, we will attempt to reach your emergency contact. Please discuss with them your wishes so they can be prepared to make decisions on your behalf.

If my pet should require Life Saving Resuscitation efforts, for example, CPR (please choose one)

- ‡ Please do NOT resuscitate my cat
- ‡ Please perform CPR and necessary life-saving procedures.

If my pet is suffering unduly despite best treatment efforts, I authorize humane euthanasia.

- ‡ I authorize euthanasia
- ‡ I do NOT authorize euthanasia

Date: \_\_\_\_\_

Signature: \_\_\_\_\_