

DATE:	
FILE:	
PHONE:	
PETS:	

(to be filled out by Furball Fitness)

## **OWNER'S AGREEMENT**

This agreement between Furball Fitness Dog Walkin	ng & Pet Care, LLC and —		
(hereinafter referred to as "client") who resides at:			
This agreement constitutes permission to enter abo	ove address and perform a	duties as outline	ed in the Application,
Owner's Agreement and Medical Release. Any cl	hanges to this agreemen	t must be done	e so in writing or they
will be null and void. Furball Fitness Dog Walking	& Pet Care, LLC has the	right to make	any changes to this
agreement at will and without notice. With any ch		•	
services are rendered.			
SERVICE AND RATES: Dog walking at: \$ per	r walk <b>OR</b> Pet Visit at: \$		
Additional Services:			
PAYMENT FOR SERVICES:  cash  check    (Must put a credit card or debit card on file. Payme	Ũ		ed)
Credit Card Number	Exp Date	Code	Billing Zip Code
ALARM CODE: KEY PAD/LOCK	BOX CODE:	_ GARAGE CO	DE:
LOCATION OF BACK UP KEY IF APPLICABLE:			
Any medical/health concerns (List any medication	as and instructions that will	be needed):	
Would you like to receive occasional pictures, upd	lates and notifications abo	out your pet:	Yes
If yes, please provide email or text number:			
Medical Release Form read and signed Yes	Application F	orm filled out:	Yes
Signature of Owner:		Date:	
Printed Name:			