

Agreement to Treat



I, The Client(s) _____ give informed consent for Mobile Paws to treat, care and perform services requested upon my pet(s).

I am aware that at any time Mobile Paws may cease treatment due to patient stress, aggression or potential injury to themselves or others. If this happens 50% of service rate is due.

Mobile Paws may use restraint in certain situations when working with my pet. I am aware that in the event of a traumatic injury to Mobile Paws caused by my pet, my pet's information may be disclosed to healthcare officials.

I, The Client, have read and agree to the above terms.

I, The Client, understand payment is due at time of service. Payment can be made by credit/debit card or cash.

I, The Client have read and understand the provided Fees and Rates sheet.

I, The Client have read and fully understand the Policies, Terms and Conditions, and a copy has been provided to me.

This Agreement will be valid from the date below and will include all pets in The Client's household.

Print Name: _____

Date: _____

Signature: _____