



## Agreement to Treat

I, The Client(s) \_\_\_\_\_ hereby agree to allow Pacific Pet Nurses (PPN) to treat, care and perform services requested upon my pet(s).

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

Pacific Pet Nurses may use restraint at the discretion of the LVT's working with my pet. Forms of restraint used may be manual, muzzles, or towel restraint.

I am aware that in the event of a traumatic injury to Pacific Pet Nurses 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 upon time of service in card form.
- I, The Client have read and understand the provided Fees and Rates sheet.
- I, The Client have also 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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