



Beloved Pet Care Enrollment Agreement

Name: _____

Address: _____

City, State, Zip: _____

Day phone: _____ Evening: _____ Cell: _____

E-mail: _____ DOB: _____

I would like to enroll _____ pet(s) into the Beloved Pet Care program.

Payment:

1) Cash, Check or Credit Card in the amount of \$_____ due upon enrollment.

2) Other: _____

Comments or special conditions regarding your payment:

You must send documentation of your payment.

I understand that the cost of transportation of my pets to FourEverLoved is my responsibility. My family or my estate shall arrange and pay for such transportation. In the event FourEverLoved pays for

the transportation, my estate shall reimburse it and such costs shall constitute a valid claim against my estate.

Enrollment fees are based on the number of pets taken in by **FourEverLoved**, unless otherwise specified. If a pet dies and is replaced by another, it will be covered by this Agreement, but a new questionnaire must be submitted regarding the replacement pet. Any additional pets must be enrolled at the then current enrollment fee unless the payment is sufficiently in excess of the basic enrollment fee.

Signature _____ Date _____

Accepted by **FouEverLoved**: _____ Date _____