

Pet Mobility Rehab Center – Pet MRC

LEASE AGREEMENT

This LEASE agreement is entered into between Pet MRC and

_____ on _____
Client Name Date

For leasing a

- Two Wheel Cart
- Front Extension Cart

PURPOSE OF CART RENTAL

The purpose of renting a cart is to provide temporary and immediate help during rehabilitation and for use before and after surgery.

TERMS OF LEASE

This lease is for a minimum term of two weeks. You may keep the cart for as long as deemed necessary by you, or as recommended by your veterinarian, to aid in your pet's recovery and rehabilitation.

FITTING YOUR PET IN ITS CART

Fitting instructions will be sent with your cart.

If you have any questions or concerns regarding proper fitting of your pet in its cart, please call us or send photos of your pet for our evaluation.

LEASING CHARGES

1. The deposit for your cart, your first weeks cart rental fee, plus shipping both ways will be charged on the date your cart is shipped.

Initial Deposit	\$ _____
First weeks rental fee (including shipping)	\$ _____
Total amount charged to your credit card	\$ _____

Date charged _____

All charges are paid in advance.

Washington customers: WA state taxes will be assessed upon completion of contract based on the total rental fees, less shipping charges.

2. Your second payment will be taken on _____
3. Subsequent payments will be charged on _____

CONDITIONS OF AGREEMENT

- If your pet's cart is damaged in any way, beyond normal wear and tear, your account will be charged in the amount necessary to refurbish the cart
- A \$25 cleaning fee will be charged for cleaning if the cart is not returned in the clean condition in which it was sent to you.
- Payment by credit card is required with this signed lease agreement.
- A copy of this signed agreement will be sent to you after you have received your cart.

Pet Mobility Rehab Center * 4560 Cedar Hill Rd * Langley, WA 98260

* Phone (360) 321-2402 * Fax (360) 321-23021-800-578-6960 * www.petmrc.com * petmrc@gmail.com

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SHIPPING

All shipping is UPS Ground

Want to upgrade your shipping? Let us know and we will be happy to quote you prices for:

Next Day Air, 2-Day or 3-Day

PLEASE SAVE ORIGINAL BOX AND PACKING FOR RETURN SHIPPING

RETURN SHIPPING

When you return your cart please use the following guidelines:

Pet MRC

- We will issue a pick up slip to UPS as soon as we receive your cancellation notice
- We will issue a full credit to your account for the deposit provided your cart is returned in a clean condition and is not damaged in any way.
- We will then mail you a final invoice with a record of all charges and credits to your account.

Client

- Disassemble cart (same number of pieces as when you received it)
- Pack the pieces in their original box*
- Attach the Pet MRC label, provided, for return shipping
- UPS will pick up the box and if you are not home, UPS will arrange another pick up date.

REFUND OF DEPOSIT

Your full cart rental deposit will be credited to your account subject to the following:

- If your pet's cart is damaged in any way, beyond normal wear and tear, your account will be charged in the amount necessary to refurbish the cart
- A \$25 cleaning fee will be charged for cleaning if the cart is not returned in the clean condition in which it was sent to you.

CANCELLATION POLICY

Weekly payments will continue to be charged to your credit card until you cancel this agreement. You may cancel this lease at any time by phoning or sending us written notice (via email or fax) of your intention to cancel this agreement. Upon receipt of notice to cancel this lease agreement we will issue a notice to UPS to pickup your cart.

If your cancellation notice is received prior to the date of your next weekly payment, you will not be charged for the following week. Rental payments are made in advance so if notice is received after payment is due, you will be charged for a full week.

Barbara S. Parkes Date
Pet Mobility Rehab Center

LEASEE Date

Thank you for allowing us to be a partner in your pet's rehabilitation. We are happy to be able to assist in improving the quality of life for your pet. Our Pet MRC wheelchair will help your pet return to mobility faster, make nursing care easier for you, and protect your pet while on its path to recovery.

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Cart Rental Program Order Form

Billing Information

Name: _____ Address: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____
Day Phone: _____ Eve Phone: _____ Fax: _____
Email Address: _____
How did you hear about us? _____

Shipping Information

Same as billing

Name: _____ Street Address: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____ Day Phone: _____
Eve Phone: _____ Fax: _____

Veterinarian

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Reason for Lease

Please provide a brief explanation for needing to lease a cart: _____

Payment Information

Credit Card # _____ Expiration Date _____
Name on Card: _____

Office Use Only:

Deposit Amount: _____	Cart Received: _____	Cancel Notification: _____
1 st Weeks Rental: _____	Weekly Amount: _____	Date Returned: _____
Initial Payment Date: _____	Charge Day: _____	Deposit Refunded: _____

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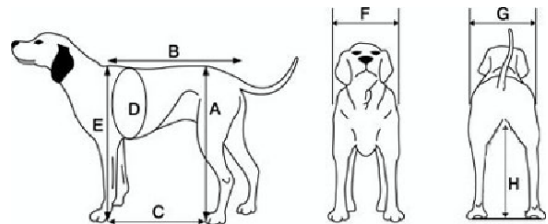
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Pet's Information

Breed: _____ Pet's Name: _____
Age: _____ Sex: _____ Neut./Spay: Y N
Current Weight: _____ Prior Weight: _____ Overweight? (Amount): _____ Underweight?
(Amount): _____
Cause of Immobility: _____ Front Leg Strength (strong, moderate, etc): _____
Surgeries? (Date and Type): _____
Fractured Back Location: _____ Amputee (Which Leg & Stump?): _____
Total Hind Leg Paralysis? Y N For How Long? _____ Able to Move Hind Legs? Y N
Able to Stand? Y N Able to Take Steps? Y N
Overall Health/Comments: _____

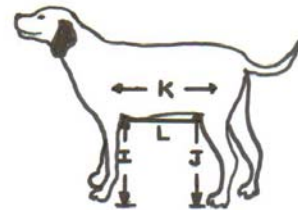
Measurements for Cart Orders

- A. Rear Height from top of hips to floor.
- B. Length of back from shoulders to base of tail.
- C. Inside distance from heel of the front foot to toes on the back foot
- D. Girth or circumference around the chest
- E. Front height from top of shoulders to floor
- F. Width of shoulders straight across
- G. Width of hips straight across
- H. Groin to the floor



Additional Measurements for Fully Supportive Cart:

- I. Height of front leg, chest to floor
- J. Height of hind leg, groin to floor
- K. Point of shoulders to point of hips
- L. Length of Abdomen



A.____ B.____ C.____ D.____ E.____ F.____ G.____ H.____ I.____ J.____ K.____ L.____

Helpful Hints for Accurate Measurements

- “A” & “E” should be equal to each other or with 1” difference.
- “C” will always be smaller than “B” by 2”- 8”, the taller and larger the pet, the bigger the difference.
- For larger pets you can take “A”, “B”, “C”, “E” & “H” with your pet lying down on its side, back straight against the wall and legs straight down.
- “F” & “G” are straight measurements, NOT CURVED; place a piece of cardboard on each side of your pet’s body and measure straight across from board to board.

Criteria for Successful Use of a Pet Wheelchair

- General health should be excellent.
- Strong front legs (should be able to go up and down a couple of steps with front legs while rear legs are being supported) needed for use of a Standard Two-Wheel cart.
- Weight should be reasonable for breed and age of pet.
- Your pet must have the desire for increased mobility
- If you are not sure whether your pet is a candidate for a cart, please call our qualified staff.

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