



CLIENT INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 _____ Bus. Phone: _____
 Directions: _____ E-mail: _____
 _____ Referred by: _____
 Date & hour leaving town: _____ Where can you be reached? _____
 Date & hour returning: _____
 Means of travel: Phone: () _____
 Car Plane: Flight/Carrier _____
 Other _____

 (We MUST have a telephone number or way to reach you.)
 Do you check home, cell, work or e-mail messages while you are away? _____

In case of emergency, contact: _____ Phone: () _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets? _____
 (Name, address and phone number.)

Name, address and phone number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return: _____

DATE/AMT. PAID _____

Interview Appt.: _____

KEY(s) RECEIVED AND TESTED

KEY RETURN:

- In Person, \$ _____
- Left On Final Visit
- Returned By Mail
- Other _____
- Garage Door Opener

Locksmith Clause: In the event that pet sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

HOME CARE INFORMATION

Others who have access to home (incl. phone numbers): _____ Other phone numbers: _____
 _____ Landlord: _____ Maid/Cleaning Service: _____
 _____ Plumber: _____ Electrician: _____

Location of fuse box (and fuses)/circuit breaker: _____ Primary light switches located: _____

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? Yes No Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Day or Dates	Bring In Mail	News-papers	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Bird Feeder	TV/ Radio	Litter Box	Answer Phone	Recycling/ Garbage Disposal	Pick-up Time

Additional Instructions/Comments:

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/Special Treats
								S/N* — Spayed or Neutered

Vet Preference: _____ Phone: () _____

Is your vet aware that you will be using our pet sitting service? No, will notify Yes, have notified

Does your pet have health insurance? _____

Does your pet allow you to brush and groom it? Yes No

Pet grooming preferences: _____

Has your pet had obedience training? Yes No

If yes, commands recognized: _____

Is the cat declawed? If so, Front & Rear Front Only

Is the pet microchipped? If so, list chip company, phone # and I.D. # _____

How do pets react to your absence from home? _____

How does your pet react toward children and adult strangers? _____

How does your pet react to other pets; e.g. any in-house grumbling or fighting? _____

Are you aware of any reason we should approach any of your pets with caution? _____

Does your pet have any contagious illness? _____

Does your pet have any physical conditions or problems I need to be alert to? _____

Has your pet ever bitten anyone, animal or human? _____

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs, neighborhood issues, etc.)?

Are pets secured in home or yard? _____

At what external temperature (low/high) should outdoor pets be brought indoors? _____

In the event of your pet's death during your absence, what arrangements should be made? _____

Pet Food/Treats Located:

Leash Located:

Cleaning Supplies Located:

Outdoor "Accident" Cleanup and Disposal?

Indoor "Accident" Cleanup and Disposal?

Disposal of litter box contents?

PET CARE INFORMATION (continued)

Will pet-care responsibility be shared with anyone else during your absence? Yes No

If yes, please give name, address, phone number of other person and details of job sharing arrangement. _____

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. **Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.**

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Pet Sitter and will remain in effect until terminated by either party as provided below in number nine. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Pet Sitter availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, but will make every effort to accommodate all requests. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visit(s).
2. The fee per visit \$ _____ X _____ (# of visits), plus any assessed fees \$ _____ = TOTAL FEE of \$ _____. Any additional visits made or services performed shall be paid for at the usual contract rate. **There is a \$10 extra fee for holidays.**
3. Pet Sitter is authorized to perform care and services as outlined on this contract. Should medical attention be necessary and specified veterinarian is unavailable, Pet Sitter is authorized by signature below to seek emergency veterinary care. Client releases Pet Sitter from all liabilities related to transportation, treatment and expense. Every attempt will be made to notify Client regarding such situation. However, if Client is not reachable and time is of the essence Client authorizes Pet Sitter to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian, up to \$ _____. Client agrees to reimburse Pet Sitter/Company for any expense incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet Sitter/Company will be held harmless for consequences related to such decisions.
5. Pet Sitter agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said Pet Sitter/Company except those arising from negligence or willful misconduct on the part of the Pet Sitter/Company.
6. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of 10% per month will be added to unpaid balances after 30 days. A handling fee of \$30 will be charged on all returned checks. 25% deposit is required on lengthy assignments. First-time clients or clients with a history of late payment will be required to pay in advance before services are rendered. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
7. In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Every attempt will be made to notify client regarding such situation.
8. All pets are to be currently vaccinated. Should Pet Sitter be bitten or otherwise exposed to any disease or ailment received from Client's animal, it will be the Client's responsibility to pay all costs and damages incurred by the victim.
9. Pet Sitter and Client each may terminate this contract at any time by written notice to the other. Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's pets. Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in his/her sole discretion, that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges there from to be charged to Client. Every attempt will be made to notify Client regarding such situation.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature

Date

Pet Sitter Signature

Date

