



**Pet Sitting Agreement**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: (Best if with-in walking distance from house in case of severe weather)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pet Sitting Needs (Feedings/Litter Clean-up etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Key/Garage Door Opener received? \_\_\_\_\_

Visits to be made: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

Preferred times: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cost per scheduled visit: \_\_\_\_\_

Cost for additional/non-scheduled visits: \_\_\_\_\_

Fees to be paid in advance of the scheduled week unless additional/non-scheduled visits made. In this case these fees will need to be paid with-in 7 days of the extra visit.

Signature of Pet Owner:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Pet Sitter:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_