



## K9+ Pet Services, LLC

### Service Contract

The purpose of this agreement is to state roles and responsibilities of the pet sitter and the owner in the care of listed pets. This agreement is made this day, \_\_\_\_\_, between K9+ Pet Services, LLC and (pet owner) \_\_\_\_\_.

Contact Information: Phone Number: \_\_\_\_\_ Text: Y N

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

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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\_\_\_\_\_ (initial) The owner affirms that the listed animals have no prior history of aggression of any type (towards other dogs, animals, or people) and is up-to-date on rabies vaccinations.

\_\_\_\_\_ (initial) The owner authorizes the pet sitter to perform dog walking duties. Duties include entering residence, walking dogs, cleaning up after dogs, ensuring dogs have access to fresh water and securing home upon departure. (See back for Dog Walking Services.)

\_\_\_\_\_ (initial) The owner authorizes the pet sitter to care for the pet in the owner's home, \_\_\_\_\_, to feed the animal, and to take the animal out for walking or exercise periods. (See back for In Client Home Vacation Services.)

\_\_\_\_\_ (initial) The owner authorizes the pet sitter, in the case that emergency medical care is required, to seek treatment from a licensed veterinarian. The owner also agrees to reimburse any medical expenses paid by the pet sitter within two days of notification.

Emergency contact: \_\_\_\_\_

Emergency contact's phone #: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Pet Sitter signature: \_\_\_\_\_

**Dog Walking Services**

When will the service agreement start? \_\_\_\_\_

When will the service agreement end? \_\_\_\_\_

What days will the dog need walked? S\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ S\_\_\_ As needed \_\_\_\_\_

At what time will the walk take place? \_\_\_\_\_

How long is walk: \_\_\_\_\_

Specific location? \_\_\_\_\_

May the dog have a treat afterwards? \_\_\_\_\_

Additional information? \_\_\_\_\_

**In Client Home Pet Sitting Services**

What are the dates for the services? \_\_\_\_\_

Number/times of visits per day? \_\_\_\_\_

Duration of visits? \_\_\_\_\_

Time of visits? \_\_\_\_\_

Other services to be included: Please specify

\_\_\_\_\_ Mail \_\_\_\_\_

\_\_\_\_\_ Trash \_\_\_\_\_

\_\_\_\_\_ Light rotation \_\_\_\_\_

\_\_\_\_\_ Plants \_\_\_\_\_

\_\_\_\_\_ Yard clean-up \_\_\_\_\_

Medication Info (please include medicine name, times of day given, number of times given, reason for medication, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rate:\$ \_\_\_\_\_ per walk or pet sit visit (late booking fee additional, see Policies) \_\_\_\_\_