



All About You

Pet Sitting & Dog Walking Services

Thank you for choosing All About You Pet Care!

“Where your pet’s care is all about what you want it to be.”

In this packet you will find several forms to be filled out and signed. This may seem overwhelming but the care we provide is specialized to each client and each pet. It is our goal to make your time away from your pet(s) as stress free to you as it will be for your pet(s).

The majority of these forms need only to be filled out and signed once. After the Initial Meet & Greet Consultation and first care visit you will be considered an “Established Client”. For future services you will only need to contact All About You Pet Care to make arrangements for your next service period by phone, email or text. At our Consultation we will go over your completed New Client Packet, address any concerns you have and get to know you and your pet(s).

Instructions: Please print one copy of the New Client Packet, and complete using a pen. Please read carefully and print clearly. Have completed packet ready for Meet & Greet Consultation. Leave any area blank if you’re unsure and we will complete it together. If you have more than ONE pet you need to print an Additional Pet form for each of your pets. (Click on the second picture located under the client tab on the website www.4allaboutyou.com)

The New Client Packet includes:

- Veterinary Release (Fill in amount, sign and return) 1 page
- Legal Considerations (Sign and return) 2 pages
- Pet Information Form (Print one set – 2 pages for **each pet** –complete).
- Contact Information 1 page
- Key Keeper Program (Sign) 1 page

Have These Items Ready for the Initial Consultation:

1. Your **signed and completed** documents
2. **1 Working KEY**. We will provide a keychain and a code (no name will be put on your keys). If you choose to join the Key Keeper Program a second key is required and used as a back-up. I can make a copy for you at a charge of \$3.00.
3. **A check or cash for your deposit or payment in full if it’s less than 10 days until service.**





All About You Pet Care – Veterinary Release Agreement

VR

Web: www.4allaboutyou.com / Phone: (412) 952-1424

In the event that any of my pet(s) appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of All About You Pet Care, I give permission to All About You Pet Care to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed below. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable if preferred veterinarian is not available

I ask All About You Pet Care to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet / all pets (most common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that All About You Pet Care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow All About You Pet Care providers to use their best judgment in handling these situations, and I understand that All About You Pet Care and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by All About You Pet Care for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize All About You Pet Care and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog and cat at the site of service will be current (per my veterinarians recommendations) on its rabies and distemper combo vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its vaccinations throughout each service visit period.

I agree to notify All About You Pet Care of any signs of injury or possible illness before any visit as soon as the condition appears. All About You Pet Care reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. All About You Pet Care strives to provide clean, safe service to each of our clients. In doing so, All About You Pet Care strongly recommends that each pet be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time All About You Pet Care cares for one or more of my pets. I understand that this agreement applies to all of the pets cared for by All About You Pet Care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Owner Printed Name: _____

Owner Signature: _____ Date: _____ PCP _____

Veterinary Hospital Information

Name, Address & Phone _____

What pets are seen here _____

Do you see a specific doctor? YES Dr. _____ or NO



For the purposes of this document, the terms Client, Owner, Pet Owner, and Customer are synonymous with the person contracting services for one or more domestic animals.

PAYMENTS & FEES

>A **50% Deposit** is due at time of reservation. Reservations are not held until deposit is received by All About You Pet Care or special arrangements are agreed upon by both parties in writing. **Remaining balance is due 10 days before** the service is to begin.

>All About You Pet Care reserves the right to **cancel any Unpaid** service without notice, including prior to or during the service period.

>There will be a **\$35 service charge** for each returned check

>**Cancellation Charge Schedule** effective 9/23/11

*0 - 48 hours prior to any service: **Payment in full is charged (no refunds) or credited for future use**

>Reservations are made to plan sitter availability to clients. Therefore, **clients returning home early will be required to pay for the reserved amount of time scheduled** including travel time if accessed.

HOUSEHOLD

>All About You Pet Care is not responsible for wilted, dead or otherwise unhealthy plants. All About You Pet Care will work hard to follow your written directions as precisely as possible, but cannot be responsible if the results are not favorable. Please place all indoor plants together on a waterproof surface in plain sight, as your pet sitter is not responsible for water damaged areas or missed plants.

>All About You Pet Care is not responsible for damage to the home beyond the control of the Pet Sitter. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, the company will attempt to contact the client and then the emergency contact before making a subjective decision on dealing with the problem. **All repairs and related fees including emergency service time and coordination fees will be paid by the client**, or fully reimbursed to All About You Pet Care within 14 days.

>All About You Pet Care is not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Pet Sitter. All About You Pet Care agrees to remain fully insured through PSA or a comparable entity, including optional Special Property Endorsement (protects against theft, breakage, etc as caused by an employee) or bonding. All About You Pet Care accepts no responsibility for security of the premises or loss/damage occurred if other individuals have access to a client's home, or if the home is not properly secured.

> All About You Pet Care is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Pet Owner agrees to secure home prior to leaving the premises. All About You Pet Care will re-secure the home to the best of its ability at the end of each visit. While keys are in the possession of a Pet Sitter, they will be either on the Sitter's physical person, or be properly stored an undisclosed location. All About You Pet Care subscribes to insurance coverage through PSA for lost key lock replacements.

>It is suggested that arrangements be made with someone to evacuate your pets in case of a disaster or weather related event/crisis. All About You Pet Care will definitely try to see to your pets safety/care should such events occur, but cannot guarantee it.

PET CARE

>Pet Owner must be legal owner to place the animals in the care of Pet Sitters and Veterinary Clinics. The Pet Sitter cannot service a home with "Visiting" pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, including a Legal Considerations Agreement, accepted and signed by each rightful owner(s).

>The terms of this document apply to all the pets owned by the client, including any and all new pets that the customer obtains on or after the date this document was signed, at any and all locations the owner designates for service.

PET CARE cont’

>Pet Owner is responsible for pet-proofing house and yard, and the security fences/gates/latches. All About You Pet Care will not be responsible for the safety of any pets and will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.

>All About You Pet Care is authorized to seek any emergency veterinarian assistance needed during visits, at the cost of the client, from any veterinarian as chosen by the sitter. However, the company is not responsible should the pet become sick or injured if the pet sitter was not able to prevent it. The pet sitter is not expected to diagnose or determine what treatment should be given. He/she will seek medical advice and consult with you the client.

>Pet Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit harness/collars for walks or in case of emergencies, firmly affixed vaccination tags, leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. Pet Owner authorizes any purchases necessary for the satisfactory performance of duties. Pet Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse All About You Pet Care within 14 days for all purchases made.

>Pet Owner will be responsible for all medical expenses and damages resulting from an injury to a Pet Sitter, or other persons, by the Pet. Customer agrees to indemnify, hold harmless, and defend All About You Pet Care, in the event of a claim by any person injured by the Pet.

>All About You Pet Care reserves the right to terminate this contract at any time if the Pet Sitter, in his/her sole discretion determines that Owner’s pet poses a danger to the health or safety of itself, other pets, people, or the Pet Sitter. If concerns prohibit the Pet Sitter from caring for the pet, the Owner authorizes the pet to be placed in a kennel (or previously arranged locale), with all charges (including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability) to be the responsibility of the Owner.

PET CARE PROVIDER

>All About You Pet Care agrees to provide services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of the services as an express condition thereof, the client expressly waives and relinquishes any and all claims against the company and its employees, except those arising from negligence. Claims of negligence that involve a hired Independent Contractor, hired by All About You Pet Care, will be the responsibility of the Independent Contractor and the company they represent. All hired Independent Contractors are required to carry liability insurance with optional coverage or bonding through a reputable company.

FUTURE SERVICES

> I authorize this contract to be valid approval for services so as to permit All About You Pet Care to accept all future telephone, email, text reservations and enter my home without additional signed contracts or written authorizations. This will be during the service time designated by you.

>Client agrees to notify All About You Pet Care of any concerns within 24 hours of return.

>This agreement is valid from the date signed, and replaces any prior Legal Consideration agreements. Client agrees to any future All About You Pet Care term changes relayed *verbally to the client*, mailed or emailed in writing to the client.

By signing the owner states that he/she as read this agreement in its entirety and fully understands and accepts its terms and conditions.

Client/Owner Printed Name:

Signature: _____ Date: _____ PCP _____



Please complete one Pet Information Disclosure packet **per pet.**

Pet Name & Owners' Last Name:

Length of Time Owned:

Pet Type: Dog / Cat

Breed:

Sex: M/F Declawed: Y/N Neutered: Y/N

Physical Description:

Age: Weight

License/microchip/tattoo # (if available)

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ Min

<input type="checkbox"/> Dry	Brand: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Type: Amt: Location:	When are treats given? Any food allergies? YES (to what) NO	

Pet's Living Area:

<p>OUTDOORS</p> <p><input type="checkbox"/> NOT allowed outdoors at all</p> <p><input type="checkbox"/> ONLY allowed outdoors on leash</p> <p><input type="checkbox"/> Turn out, invisible fenced yard with collar</p> <p><input type="checkbox"/> Turn out, secure fence</p> <p><input type="checkbox"/> NOT allowed indoors</p> <p>Other:</p> <p>*All About You Pet Care does not allow pet(s)</p>	<p>INSIDE</p> <p><input type="checkbox"/> Allowed on furniture, counters, beds</p> <p><input type="checkbox"/> Restrict pet area/crate only when pet is alone Location _____</p> <p><input type="checkbox"/> Restrict pet area/crate at all times Location _____</p> <p>Off-Limit areas:</p> <p>"off leash" in an unsecure area. PCP _____</p>
---	---

Emergency Care

Are your pet's Vaccinations up to date? Yes / No What date are they due?

(We are unable to care for your pet if the vaccinations are not up to date. For our safety we will be double checking.)

Is your pet on a Flea preventative or Heartgard? Yes / No

(If your pet is not treated for fleas and fleas are seen we will not be able to care for your pet)

CAT CLIENTS: Has your cat been tested for Feline Leukemia or FIV? Yes / No

Has your cat been diagnosed with Feline Leukemia or FIV? Yes / No

Pet Medical History (ongoing or reoccurring known illnesses/injuries, allergies, treatments & medications)

In the event of an unforeseen death: **If we are unable to reach you**, how would you like us to proceed?

Temperament/Personality:

My Pet Doesn't Like:

- | | | |
|---|--|---|
| <input type="checkbox"/> Baths, Sprays | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Feet Touched | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Touched | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans/Strangers |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Children – age _____ |
| <input type="checkbox"/> People in Hats | <input type="checkbox"/> People near food dish | <input type="checkbox"/> _____ |

Pet reacts to the above by: _____

Has Pet Ever: NO _____ owner initial Describe (even if mild, or under extreme/unusual situations)

- Attacked /bit /snapped at someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to? _____
How can he/she be retrieved? _____

Commands My Pet Knows: (example: sit, stay, off, down, treat, come, easy, walk)

Favorite Games, Toys, and Activities:

May we Photograph your pets for future use on our website? (Your privacy will be protected) Y / N

Would you like a CD of the photos taken? Y / N

Is your pet allowed to go for rides in the sitter's vehicle? Y / N / emergency only

By your signature you are stating that you have truthfully disclosed any and all information about your pet.

Signature: _____ Date: _____ PCP _____



All About You Pet Care – Contact Information

CI

First Name: _____ **Spouse:** _____

Pet(s): _____

Address: _____

Home Phone: _____

Cell: #1 _____

Cell: #2 _____

Cell: #3 _____

Work Phone: _____

Email: _____

Best contact: Home Cell Email

How did you find us? _____

Consultation:

	Date	Time
	_____	_____

First Sit:

	Date	Time
Start	_____	_____
End	_____	_____

Last Name: _____

	VISITS	LENGTH	TIME
			*Please allow at least a 1 hour window
Morning			
Mid-day			
Dinner			
Tuck in			

Will anyone be expected while you're away?

NOTES:

EMERGENCY CONTACT: Has a Key? Yes / No

Name: _____

Phone: _____

Cell/Work: _____

Relationship: _____

Location: _____

Service Type: Vacation Daily Periodic

Rates Quoted: \$____per visit **Travel:** 60¢ per mile #____

-KEY- MUST TEST #_____ of Keys Given

Pick up/Drop off **\$5.00** fee each way Client Present

Key Keeper Prog. (we keep your keys locked up for future use)

Pet Sitter Has **NOTE: We will not leave keys on last visits**

SPECIAL ALERTS **PET'S NAME**

FLIGHT RISK _____

FOOD ALLERGY _____

FOOD AGGRESSIVE _____

FEARFUL _____

MEDICATION _____

PCP _____



◇ I want to *join* the Key Keeper Program and allow All About You Pet Care to keep ___key(s) to my home for future use. When not in use the keys will be kept Coded in a Locked Safe. (There is no fee for this service and the key(s) can be returned anytime upon request)

◇ I want All About You Pet Care to keep ___key(s) to my home *only during the service period*. After which arrangements will be made to get my key(s) returned to me. I understand a fee of \$5.00 may be accessed for home delivery of my keys. I also understand that my key(s) will not be left at our home on the last day nor will they be mailed due to safety issues.

Date _____

Client Name (print) _____

Signature _____

Pet Care Provider _____

By signing this you agree to allow All About You Pet Care keep ___key(s) to your home. When not in my possession your keys will be coded and locked in a safe for your protection.