

GABE'S AT YOUR DOOR

Pet Sitting Services

Gabriel (786)473-5693
Frances (305)904-1557

Date of Call:
Date of Booking Visit:

Household Information:

Name: _____		
Street: _____	City: _____	Zip: _____
Home #: _____	Cell #: _____	Office #: _____
Spouse/Other: _____	Cell#: _____	Work #: _____

Note the following instructions, if applicable:

Alarm/Gate entry password:	Exit password:
Alarm Company name: phone #:	Code word:

EMERGENCY CONTACT: _____ **(Relationship)**
Telephone No.: _____ Key to home? Yes No

LANDLORD EMERGENCY CONTACT: _____
Telephone No.: _____ Key to home? Yes No

Other persons who might be entering your home or property:

Name	Relationship	Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Instructions:

Bring in mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate lights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate blinds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water indoor plants? <input type="checkbox"/> Yes <input type="checkbox"/> No

****In case of Power Outage, please provide instructions****

Additional Instructions

Scheduling Information:

Start Date/Time: _____ **End Date/Time:** _____

1 Visit per day 2 visits per day 3 visits per day ____ visits per day

Client(s) will leave home on _____ at _____ and return home on _____ at _____.

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Pet Information:

Pet Name: Female Male Spayed Neutered
Breed: Color: DOB/Age:
Color of Collar: ID Tags: Yes No
Feeding Instructions AM: PM: Brand:
Treats allowed? Yes No Food Allergies? Yes No If Yes, Explain:
Vaccinations Rabies Shot Expiration:
Medications (Name, Time and Amount)

History of Illnesses (List Illnesses & Explain)

Pet Name: Female Male Spayed Neutered
Breed: Color: DOB/Age:
Color of Collar: ID Tags: Yes No
Feeding Instructions AM: PM: Brand:
Treats allowed? Yes No Food Allergies? Yes No If Yes, Explain:
Vaccinations Rabies Shot Expiration:
Medications (Name, Time and Amount)

History of Illnesses (List Illnesses & Explain)

Pet Name: Female Male Spayed Neutered
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Color of Collar: ID Tags: Yes No
Feeding Instructions AM: PM: Brand:
Treats allowed? Yes No Food Allergies? Yes No If Yes, Explain:
Vaccinations Rabies Shot Expiration:
Medications (Name, Time and Amount)

History of Illnesses (List Illnesses & Explain)

General Information about your pets

Ever snapped at or bitten anyone/other animal? Yes No
Approach your pet with caution? Yes No
Cage the pet when leaving the home? Yes No
Like to play/exercise? Like to be brushed? Yes No
Are the home and yard secured? Yes No

Please list any special requests or notes:

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Veterinary Authorization:

Veterinarian Name / Clinic:
Address:
City/State/Zip:
Phone:

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify **Gabe's at Your Door, Pet Sitting Services** before service dates.

Client Name:
Address:
City/State/Zip:
Phone:

To whom it may concern: I have contracted for services from **Gabe's at Your Door, Pet Sitting Services** during my absence, and I authorize **Gabe's at Your Door, Pet Sitting Services** to act on my behalf to request veterinary treatment and services when they deem it necessary. They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s), and I will be fully responsible for **all fees and charges and will pay for all charges incurred on my behalf upon my return.** I further authorize you to give out any information about my animal(s) to **Gabe's at Your Door, Pet Sitting Services.**

Special Instructions:

Gabe's at Your Door, Pet Sitting Services reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s), and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature _____ Date _____

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Contractual Agreement:

This signed document is an agreement between **Gabe's at Your Door, Pet Sitting Services** and _____ (Client) for pet care services.

1. I authorize **Gabe's at Your Door, Pet Sitting Services** to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.
2. I authorize **Gabe's at Your Door, Pet Sitting Services** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Gabe's at Your Door, Pet Sitting Services** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
3. **Gabe's at Your Door, Pet Sitting Services** accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.
4. I agree to reimburse **Gabe's at Your Door, Pet Sitting Services** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
5. **Gabe's at Your Door, Pet Sitting Services** agrees to provide the services stated in this agreement 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 **Gabe's at Your Door, Pet Sitting Services** its employees or assigns, except those arising from proven negligence of the pet sitter.
6. **Gabe's at Your Door, Pet Sitting Services** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
7. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Client agrees to indemnify and hold harmless **Gabe's at Your Door, Pet Sitting Services** in the event of a claim by any person injured by the pet.
8. **Gabe's at Your Door, Pet Sitting Services** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time as per the Policies and Procedures.

9. It is expressly understood that **Gabe's at Your Door, Pet Sitting Services** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised of all situations, which will relieve it of liability for damage.

10. Fees are earned upon acceptance of Agreement and are due at the time of or prior to the first visit.

11. I attest to the fact that all licenses and vaccinations required by the state, county and city in which I reside are current according to the law.

12. I have read, understand and agree to the policies and guidelines of **Gabe's at Your Door, Pet Sitting Services**. All policies and guidelines are subject to change at the discretion of **Gabe's at Your Door, Pet Sitting Services**.

13. I authorize this contract to be valid approval for future services so as to permit **Gabe's at Your Door, Pet Sitting Services** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

Client Signature: _____

Client (Print Name): _____

Date _____