

PET SITTING AGREEMENT FORM



Name/s: _____ Address: _____ Home Phone: (____) _____
Work Phone: (____) _____ Cell Phone: (____) _____- _____ Email: _____

Emergency Contact:
Location of Extra Key:
Garage Code:
Alarm Activation/Deactivation Code: _____ Alarm Company Phone:(____) _____-_____
Alarm Company Name:

I agree that I have requested that pet sitter take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$ _____

I understand that 50% of payment is due at or prior to the time of the first visit and the balance paid in full upon the day of your return.

Owner's Name (please print): _____ Owner's Signature: _____
Date: _____

PET SITTING ASSIGNMENT INFORMATION

Date of first visit: _____ Date of last visit: _____ Number of visits per day: _____
of Daily visits: _____ # of Overnight: _____T Total # of visits: _____

Additional duties (please circle those you would like to request):
Bring in mail/papers, Water plants, Put out trash cans/recycling, Other

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

Additional Notes: