

CLIENT INFORMATION

Name: _____

Referred by: _____

Address: _____

Total # of Pets in the Home: ____ Dogs ____ Cats ____ Birds ____ Fish ____ Cage Pets ____ Other (please list) _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Cell Phone: _____

Can you accept text messages: ☐ Yes ☐ No If yes, would you like to receive photos of your pets(s) via text during your absence? ☐ Yes ☐ No

Contact Preference/In Town: ☐ Home Phone ☐ Cell ☐ Work ☐ E-mail ☐ Text

Contact Preference/While Away: ☐ Home Phone ☐ Cell ☐ Work ☐ E-mail ☐ Text

Client Permission: Allow photos of your pet(s) to be posted on pet sitting company's social media sites (Facebook, Instagram, etc.)? ☐ Yes ☐ No

In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?

Name: _____ Phone: () _____

Travel Information (if applicable):

In the event that you cannot be reached by your cell phone and/or email, please provide your out-of-town lodging information below.

Hotel/where you will be staying: _____

Phone: () _____ (We MUST have a telephone number or way to reach you.)

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?

(Name, address, and phone number.)

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that we have been given their contact information.

Name: _____ Phone: () _____

Booking Request:

Our Company does not offer 24/7 in house pet-sitting. We offer Overnight pet care with(out) additional day time drop in visits through the day.

Would you like any additional daytime visits for your pet(s)? ☐ Yes ☐ No (overnight only*);

If yes, how many additional visits would you like: ☐ 1** ☐ 2***

*Overnight service only includes the Pet Sitter being present overnight for 10–12 hours and providing evening feeding & care, along with morning feeding & care for the following day.

If, during times of service, the Pet Sitter needs to leave the premises for any reason, what is the MAX amount of hours the Pet Sitter can be away from pet(s)? _____ Hours

During additional daytime visits, our Company only offers a minimum of 20–25 minute visits per feline household & minimum of 25–30 minute visits per canine household and may exceed timespan due to cleaning accidents, completing home & pet care tasks, or providing extra companionship with the discretion of the Pet Sitter's availability. We will do our best to maintain routine for your pet(s), however, we can not guarantee 100% punctuality as we service multiple families a day. If flexible on time, please write a timeframe of when Pet Sitter can arrive. Company/Pet Sitter will arrive to begin assignment during this timeframe.

	Morning care/feeding	Additional visit #1/Midday**	Additional visit #2/Afternoon***	Evening care/feeding
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Pet Care Information:

[illegible]

List all pet(s) on medication(s) / schedule of medication(s) (if any):

Pet name	Medication name	How much medication needs to be given	When to give medication	How to administer medication—pill pocket; hide in food; squirt into mouth; etc
Ex: Fido	Provable probiotic	1 capsule	AM	pill pocket
Ex: Jazzy	Vetsulin	1 unit	AM & PM	inject under skin
Ex: Jazzy	Gabapentin 50mg	1 capsule	AM & PM	cream cheese

When pet(s) are left unsupervised, can pet(s) free roam, to be placed in a kennel, or placed in a specific area of the home? Please specify for each pet:

When pet sitter is present, is/are pet(s) allowed on furniture? ☐ Yes ☐ No

What are pet(s) sleeping arrangements? ☐ Same room as pet sitter ☐ Different room from pet sitter (specify) _____

Location of Food/Water Dishes: _____
 Pet Food/Treats Located: _____
 Leash Located: _____
 Leash Requirements or Restrictions (if applicable): _____
 Cleaning Supplies Located: _____
 Outdoor "Business" Cleanup and Disposal? _____
 Indoor Accidents Cleanup and Disposal? _____
 Litter Box Location(s): _____
 Disposal of litter box contents? _____

Mail, newspaper, packages	Where to place parcel	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Recycling/Garbage Disposal
Ex) each day	Office	porch light on @ night, kitchen light all day	each day	every Tuesday & Sat	Each day in the summer, every 2 days in the winter	trash—Wed/Saturdays, recycle—Saturdays

Additional Requests/Comments: (any additional requirements or tasks to be completed during time of service)

Additional Instructions:

What parking is available for the pet sitter? _____
 Are there any rooms that are off limits to pets/people? _____
 If necessary, does the pet sitter have permission to use your home appliances such as kitchen and laundry? ☐Yes ☐No
 Are any appliances not useable or restricted? (ex. sink in guest room is broken, use master room sink; do not use dryer) ☐Yes ☐No
 If yes, please specify: _____

In the event the pet sitter arrives to the home to discover the electricity is off, pipe is broken, etc., what should the pet sitter do?

- ☐ Contact owner (☐Work ☐Cell) ☐Notify emergency contact
☐ Notify electrician, plumber, etc. (If checked, provide contact information below)

Others who have access to home (incl. phone numbers): _____

Other phone numbers: _____

Leasing office/Landlord: _____ Maid/Cleaning Service: _____

Plumber: _____ Electrician: _____

Will pet-care responsibility be shared with anyone else during your absence? ☐Yes ☐No

If yes, please give name, address, phone number of other person and details of job sharing arrangement. _____

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

Home-Care Information:

☐ **KEY(S) RECEIVED AND TESTED**

Locksmith Clause: In the event that Pet Sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

ACCESSING HOME: ☐Electronic door keypad ☐Physical key/key fob ☐Key pick up & return to someone/leasing office ☐Garage door opener/keypad

**We must have a house key even if electronic keypad and/or garage door opener is used for home access.*

KEY RETURN: ☐In Person, (drop off fee of \$10) ☐Left On Final Visit (mailbox, under doormat, kitchen island, etc.) ☐Returned By Mail
☐Pet Sitter Can Hold Key

Is it possible others may be at the home when the Pet Sitter arrives to the home (cleaning service, etc.)? If so, please list who and when below.

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? ☐Yes ☐No

Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Are security cameras in use at the home? ☐Yes ☐No If yes, locations: _____

Is Pet Sitter able to have access to wifi? ☐Yes ☐No

**If yes, Owner can provide information to Pet Sitter when they arrive or write information below:*

Network name: _____ Password: _____

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Company/Pet Sitter and will remain in effect until terminated by either party as provided below in Item 9. Drop In service will start _____. Client may request additional services via email/telephone/text at any time during the term of this contract, subject to Company/Pet Sitter availability. All scheduled walks will be governed by all the terms of this contract. In the event a visit is not needed as Client & Company requested/scheduled, Client must notify Company/Pet Sitter within 24+ Hours to avoid being charged for unnecessary visit(s). Failure to do so, Client will then be charged for the full service for that day.
2. Sleepover (overnight) service will start at \$90 for feline only households & \$100 for households with a canine. Additional day time Drop In service will start at \$25 for feline only households & \$30 for households with a canine. Additional fees can/will be applied for the following reasons: (a) an additional \$5 will be applied for every two additional pets with a household of more than 3 pets, (b) starting rate of \$5 for servicing outside service area [servicing areas: Spring Branch/Memorial & Heights/Rice Military], (c) holidays listed in item 10, (d) an additional \$10 will be applied per service for requests given less than 24 hours notice, (e) puppies 8 months or younger and/or seniors with incontinence.
3. In the event of inclement weather or natural disaster, Company/Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Company/Pet Sitter will notify Client via text/phone/email for any changes to Client's service/booking and Company/Pet Sitter will be held harmless for consequences related to such decisions.
4. Company/Pet Sitter agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST COMPANY/PET SITTER ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF COMPANY/PET SITTER. SHOULD COMPANY/PET SITTER OR ANY AUTHORIZED PERSON ACCOMPANYING COMPANY/PET SITTER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY COMPANY/PET SITTER AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF COMPANY/PET SITTER.
5. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of 10% per month will be added to unpaid balances after 60 days. A handling fee of \$10 will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Company/Pet Sitter. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
6. In the event of personal emergency or illness of Company/Pet Sitter, Client authorizes Company/Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Company/Pet Sitter will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.
7. All dogs are to be currently vaccinated. Canine vaccines required are: (a) Rabies & (b) Distemper/Parvo/DHPP; optional/additional recommended vaccines are: (c) Leptospirosis, (d) Bordetella, & (e) Influenza—H3N8 & H3N2. All cats are to be currently vaccinated. Feline vaccines required are: (a) Rabies & (b) FVRCP; optional/additional recommended vaccines are: (c) FeLV. Client must present written and signed note from pet(s)' veterinarian if pet is waived from receiving certain or all vaccines.
8. Company/Pet Sitter and Client each may terminate this contract at any time by written notice to the other. Company/Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's dog(s). Company/Pet Sitter will not terminate during a period of scheduled service unless Company/Pet Sitter determines, in his/her sole discretion that a danger exists to the health or safety of Company/Pet Sitter. If Company/Pet Sitter cannot perform daily visit, every attempt will be made to notify Client regarding such situation.
9. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Company/Pet Sitter during any service period scheduled by Client and accepted by Company/Pet Sitter. Upon such scheduling and acceptance, Company/Pet Sitter will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone/text/email reservations for future visits based on Company/Pet Sitter's availability.
10. Holiday fee of \$15 per service will be applied to the following holidays: NYD (Jan 1), Easter Sunday, Memorial Day (last Monday in May), Independence Day (Jul 4), Labor Day (1st Monday in Sept) Thanksgiving day (4th Thursday in Nov), Veteran's Day (Nov 11), Christmas Eve (Dec 24), Christmas Day (Dec 25), NYE (Dec 31)

Please note: Due to a dog's excitement to see us, "door darting" may be attempted by a dog. We take every precaution to prevent this from occurring, but do require that all dogs under our care wear an I.D. tag (or collar) stating their name and your phone number.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature

Date

Company/Pet Sitter Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS & MEDICAL TREATMENT / EUTHANASIA AUTHORIZATION

(Addendum to Pet Sitting Service Contract)

Veterinary Contact Information:

Clinic Name: _____	Phone Number: _____	Dr. _____
Clinic Name: _____	Phone Number: _____	Dr. _____
Clinic Name: _____	Phone Number: _____	Dr. _____
Emergency Hospital: _____	Phone Number: _____	Dr. _____

Check one of the following below:

☐ I, _____ (Client), agree that my pet(s) are healthy, but needs regular medication/treatments. My signature below authorizes Company/Pet Sitter to administer medication and/or prescribed treatments to the following pet(s):

_____, _____, _____, _____, & _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

Client Signature

Date

OR

☐ I, _____ (Client), agree that my pet(s) are all healthy and not in need of any medication/treatments.

Client Signature

Date

Veterinary Expense & Euthanasia Authorization:

The Company/Pet Sitter is authorized to provide the care and services outlined in this contract. As the welfare of the pet is the highest priority, if a pet becomes ill or injured, the Pet Sitter will make reasonable efforts to contact the Client first. If the Client cannot be reached, the Pet Sitter is authorized to take reasonable steps to protect the pet's health and safety, including additional visits, consulting a veterinarian or emergency clinic, and approving recommended treatment (excluding euthanasia) up to a maximum cost of \$_____. The Client agrees to be responsible for all veterinary and related expenses and to reimburse the Pet Sitter for any costs incurred, including supplies or additional care. The Client releases the Company/Pet Sitter from liability related to transportation, treatment, and expenses.

If the pet becomes so seriously ill or injured that humane euthanasia is necessary and the Client cannot be reached in time, the Client authorizes the following (check one):

☐ Pet Sitter

☐ _____ (name of veterinary clinic)

to authorize humane euthanasia.