

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/Special Treats

S/N* — Spayed or Neutered

Day or Dates	No. Visits Per Day	Pet's Name	A.M. Diet	P.M. Diet	Daily Exercise	Daily Medications	Restrictions

Vet Preference: _____ Phone: () _____

Does your pet have health insurance? _____

Has your pet had obedience training? Yes No

If yes, commands recognized: _____

Is the cat declawed? If so, Front & Rear Front Only

Is the pet microchipped? _____

How do pets react to your absence from home? _____

How does your pet react toward children and adult strangers? _____

How does your pet react to other pets; e.g. any in-house grumbling or fighting? _____

Are you aware of any reason we should approach any of your pets with caution? _____

Does your pet have any physical conditions or problems I need to be alert to? _____

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs, neighborhood issues, etc.)? _____

Are pets secured in home or yard? _____

Pet Food/Treats Located: _____

Leash Located: _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal? _____

Indoor "Accident" Cleanup and Disposal? _____

Disposal of litter box contents? _____

PET CARE INFORMATION (continued)

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.

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Pet Sitter and will remain in effect until terminated by either party as provided below in number nine. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Pet Sitter availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, but will make every effort to accommodate all requests. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visit(s).
2. The fee per visit \$_____ X _____ (# of visits), TOTAL FEE of \$_____. Any additional visits made or services performed shall be paid for at the usual contract rate.
3. Pet Sitter is authorized to perform care and services as outlined on this contract. Should medical attention be necessary and specified veterinarian is unavailable, Pet Sitter is authorized by signature below to seek emergency veterinary care. Client releases Pet Sitter from all liabilities related to transportation, treatment and expense. Every attempt will be made to notify Client regarding such situation. However, if Client is not reachable and time is of the essence Client authorizes Pet Sitter to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian, up to \$_____. Client agrees to reimburse Pet Sitter/Company for any expense incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet Sitter/Company will be held harmless for consequences related to such decisions.
5. 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, the Client expressly waives and relinquishes any and all claims against said Pet Sitter/Company except those arising from negligence or willful misconduct on the part of the Pet Sitter/Company.
6. Client acknowledges that payment is due prior to scheduled service period. A finance charge of 15% per month will be added to unpaid balances after 30 days. A handling fee of \$30 will be charged on all returned checks. 50% deposit is required on Holiday schedules. 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.
7. In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Every attempt will be made to notify client regarding such situation.
8. All pets are to be currently vaccinated. Should Pet Sitter be bitten or otherwise exposed to any disease or ailment received from Client's animal, it will be the Client's responsibility to pay all costs and damages incurred by the victim.
9. Pet Sitter and Client each may terminate this contract at any time by written notice to the other. 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 pets. Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in its sole discretion, that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Every attempt will be made to notify Client regarding such situation.

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

Pet Sitter Signature

Date