Drop In Pet Sitting Service Contract

Client & Animal Information

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| --- | --- |
| Guardian’s Name:       | Guardian’s Name:       |
| Work Phone:       | Work Phone:       |
| Cell Phone:       | Cell Phone:       |
| Home Phone:       | Home Phone:       |
| Address:       |
| Would you like to receive an update after each visit? Email or Text?  |       |
| Animal’s Name/ ID:       | Species/Breed/Age/Sex:       |
| Animal’s Name/ ID:       | Species/Breed/Age/Sex:       |
| Animal’s Name/ ID:       | Species/Breed/Age/Sex:       |
| Animal’s Name/ ID:       | Species/Breed/Age/Sex:       |

Emergency Information

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| --- | --- |
| Client’s trip location:       | Contact information for trip location:       |
| Emergency Contact:       | Phones:       |
| Alternate Emergency Contact:       | Phones:       |
| Vet Office/ Vet’s Name:       | Phone:       |
| Vet Address:       |
| Directions to Vet’s Office:       |
| Current Medications:       | Reason(s) for Meds:       |
| Important Medical History Notes:           If (pet’s name) needs emergency care what is your limit?                |

*Drop-in Pet Sitting Service Contract, continued*

Home Care Instructions

|  |  |
| --- | --- |
| Expecting other visitors while away: [ ] Y [ ] N | If yes, whom?:       |
| Other key holders to the home:       | Key holders know of client’s absence?: [ ]  Y [ ]  N |
| Mail Instructions:       | Garbage Instructions:       |
| House Plant Care Instructions:       |
| Yard Care Instructions:       |
| Additional House-Related Instructions:       |

Description of Services

|  |  |  |  |
| --- | --- | --- | --- |
| First date of service:       | Last date of service:       | # of visits and times/ day:      | Duration of visits:       |
| # of days:       | # of visits:       | $ per visit:       | Total Due:       |

Payment Information and Agreement

|  |
| --- |
| Form of Payment: [ ]  Cash [ ]  Check [ ]  Visa [ ]  MasterCard [ ]  Discover Or PayPal  |
| Name on Card:       | Signature: |
| Number:       |
| Expiration Date:       | 3 digit code on back of card:       |
| Billing address if different than address above:       |
| [ ]  Paid in Full Paid $     on Date:       |
| [ ] Payment Plan:1. I understand that by agreeing to a payment plan I am responsible for making all payments as listed below. Initial:      2. I authorize **She Loves My Dog** to run the credit card above as follows:Payment #1 Date:       Amount: $     Payment #2 Date:       Amount: $     Payment #3 Date:       Amount: $     Payment #4 Date:       Amount: $     Payment #5 Date:       Amount: $     Payment #6 Date:       Amount: $      Initial:       |

*Drop-in Pet Sitting Service Contract, continued*

Liability Waiver & Policies

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| --- |
| 1. **She Loves My Dog** will endeavor to offer only sound, safe, and responsible care for my cat(s). However, I have been told and understand the risks inherent in having my cat(s) cared for. Further, I am and will remain responsible for the actions of my cat(s) at all times and I hereby agree to indemnify and hold harmless **She Loves My Dog** of any and all claims of injury, expense, costs, or damages caused by the actions of my cat(s) while under **She Loves My Dog** care. I have been told by **She Loves My Dog** and understand the inherent risks of owning a cat(s). Additionally, **She Loves My Dog** will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless **She Loves My Dog** of any and all claims of damages to my home. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Initial:       |
| 2. I authorize emergency medical care to be provided for my cat(s) by the above-named veterinarian, or an appropriate alternate to be determined by She Loves My Dog in the event that my regular veterinarian is not available or that closer care is required. I will reimburse She Loves My Dog for any charges related to emergency care.[ ]  I authorize **She Loves My Dog** to administer or seek 1st aid and resuscitative care for my cat(s) as determined appropriate by **She Loves My Dog** and I agree to indemnify and hold harmless **She Loves My Dog** for all and any results thereof.  Initial:      [ ]  I DO NOT authorize **She Loves My Dog** to administer or seek 1st aid and resuscitative care for my cat(s) as determined appropriate by **She Loves My Dog** and I agree to indemnify and hold harmless **She Loves My Dog** for all and any results thereof.  Initial:      |
| 3. Payment Policy: All fees are due by the first visit of care.            Initial:      |
| 4. Cancellation Policy: A 48hour cancellation notice is required. If 48hour notice is not received, you will be billed for the first day of schedule services.           Initial:      |
| 5. I will notify She Loves My dog when I have returned home by email, text or a phone call.  Initial:      |
|  |

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

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| --- | --- | --- | --- |
|       |       |       |       |

Cat Guardian Date Pet Sitter & Title Date*Drop-in Pet Sitting Service Contract, continued*

Individual Animal Instructions for:

|  |  |  |  |
| --- | --- | --- | --- |
| Species:       | Breed:       | Age:       | Gender:       |
| Additional Descriptors: |

Feeding Instructions

|  |  |  |
| --- | --- | --- |
| Cat’s Regular Food:       | Amount/ Times of Day:       | Additional Notes: Water (filter or faucet)  |
| Cat’s Regular Treats:       | Other treats okay? [ ]  Yes [ ]  No |
| Treat/ Dietary Restrictions:       |

Health Instructions

|  |  |
| --- | --- |
| Current Medications:       | Reason(s) for Meds:       |
| Medicine:       | Amount:       | Time:       | Notes:       |
| Medicine:       | Amount:       | Time:       | Notes:       |
| Medicine:       | Amount:       | Time:       | Notes:       |
| Additional Health Care Notes:       |
| Important Medical History:       |

Exercise Instructions

|  |  |
| --- | --- |
| Frequency:       | Duration:       |
| Mode of Exercise:       |
| Exercise Restrictions: |

Behavioral Instructions

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| --- |
| Known Behavioral Issues:       |
| Special Instructions or Notes regarding Behavioral Issues:       |