



Drop In Pet Sitting Service Contract

Client & Animal Information

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? By text or email?	
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

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: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, whom?:
Other key holders to the home:	Key holders know of client's absence?: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover or PayPal	
Name on Card:	Signature:
Number:	
Expiration Date:	3 digit code on back of card:
Billing address if different than address above:	
<input type="checkbox"/> Paid in Full Paid \$ _____ on Date: _____	
<input type="checkbox"/> 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

1. **She Loves My Dog** will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dog cared for, including but not limited to interactions with other dogs while on walks. Further, I am and will remain responsible for the actions of my dog 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 dog while under **She Loves My Dog** care. I have been told by **She Loves My Dog** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. 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 dog(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 dog(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 dog(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 phone call.

Initial:

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

Dog 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

Dog's Regular Food:	Amount/ Times of Day:	Additional Notes:
Dog's Regular Treats:		Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Treat/ Dietary Restrictions:		
Water:		

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

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