

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? Email or Text?	
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:	If yes, whom?:
Other key holders to the home:	Key holders know of client's absence?:
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 🗌 C	heck 🗌 Visa 🗌 N	/lasterCard [Discover Or PayPal
Name on Card:			Signatu	re:
Number:				
Expiration Date:			3 digit codo	on back of card:
	1:00		5 uigit coue	on back of card.
Billing address if o	interent than	address above:		
Paid in Full P	aid \$ o	n Date:		
Payment Plan:				
1 I understand th	at hy agracing	to a normant play	n I am nacha	ancible for making all payments as listed
below.	at by agreeing	to a payment pla	n i ani respo	onsible 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: \$		
v				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 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.

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:

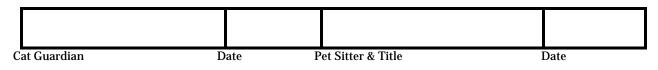
3. Payment Policy: All fees are due by the first visit of care.

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.





Drop-in Pet Sitting Service Contract, continued

Individual Animal Instructions for:

Species:	Breed:	Age:	Gender:
Additional Descriptors:			

Feeding Instructions

county matricella			
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:	L
Exercise Restrictions:	

Behavioral Instructions

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