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

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

Individual Animal Instructions for:

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

Feeding Instructions

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| --- | --- | --- |
| 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: |