

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:	

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

<p>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: </p>
<p>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 the 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.</p> <p><input type="checkbox"/> 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: </p> <p><input type="checkbox"/> 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: </p>
<p>3. Payment Policy: All fees are due by the first visit of care. Initial: </p>
<p>4. Cancellation Policy: Cancellation requires a 48hour notification. Initial: </p>
<p>5. I will notify She Loves My Dog when I have returned home by email, text, or phone call. Initial: </p>

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:



SHE LOVES MY DOG

DOG WALKING SERVICE
