

## In-Home 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 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?	

*In-Home 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**

Arrival date & time:	Departure date & time:	
Number of resulting days:	x Rate:	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 that I am responsible for making all payments as listed below.		
		Initial: <span style="background-color: yellow; color: black;">          </span>
2. I authorize <b>She Loves My Dog</b> 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: <span style="background-color: yellow; color: black;">          </span>

*In-Home Pet Sitting Service Contract, continued*

**Liability Waiver & Policies**

<p>1. <b>She Loves My Dog</b> 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 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 <b>She Loves My Dog</b> of any and all claims of injury, expense, costs, or damages caused by the actions of my cat(s) while under <b>She Loves My Dog</b> care. I have been told by <b>She Loves My Dog</b> and understand the inherent risks of owning a cat. Additionally, <b>She Loves My Dog</b> will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless <b>She Loves My Dog</b> 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.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p>
<p>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 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 <b>She Loves My Dog</b> to administer or seek 1<sup>st</sup> aid and resuscitative care for my cat(s) as determined appropriate by <b>She Loves My Dog</b> and I agree to indemnify and hold harmless <b>She Loves My Dog</b> for all and any results thereof.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p> <p><input type="checkbox"/> I DO NOT authorize <b>She Loves My Dog</b> to administer or seek 1<sup>st</sup> aid and resuscitative care for my cat(s) as determined appropriate by <b>She Loves My Dog</b> and I agree to indemnify and hold harmless <b>She Loves My Dog</b> for all and any results thereof.</p> <p>Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p>
<p>3. Payment Policy: All fees are due by the first day of care.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p>
<p>4. Cancellation Policy: Cancellation requires a 48hour notification.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p>
<p>5. I will notify She Loves My Dog when I have returned home by email, text, or phone call.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span></p>
<p> </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

*In-Home 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:	Water from? i.e. faucet, bottle water, filter water, water cooler
Cat's Regular Treats:	Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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