



PET SITTING SERVICE CHECK LIST

(Please fill in the information you think is important for us to give the best care to your pet.)

OWNER INFORMATION

Name (Please list all Parents): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____

Emergency Contact Name: _____ Number: _____

How did you hear about us? _____

IMPORTANT PHONE NUMBERS

Vacation number: _____ Relative: _____ Neighbor: _____

Will pet care responsibilities be shared with anyone else not affiliated with our company during your absence? YES NO

If YES, their name: _____

Address: _____ Phone: _____

Details of job sharing arrangement: _____

ALARMS

Gate Code: _____ House Code: _____

Alarm Company: _____ Code Name: _____ Phone: _____

HOME CARE

Do you want lights rotated? _____ Draperies? _____ TV/Stereo? _____

Windows open or closed? _____ Bring in newspaper? _____

Bring in mail? _____

Trash pick up day/time: _____ Location of trash can? _____ How often:? _____

YARD CARE

Pooper Scooper location? _____ Where to dispose of waste? _____

Location of sprinklers? _____ Frequency/Duration? _____

Location of pots to hand water: _____ Frequency: _____

KEYS

House key tested _____ Gate key tested _____ Mailbox key tested _____

Does anyone else have keys to your house? YES NO If, yes who _____

How will you like your keys returned? _____

Kept permanently on file with our service _____

SITTER CANNOT LOCK KEYS INSIDE OF HOUSE IN CASE

OWNER DOES NOT RETURN AT DESIGNATED TIME

ANY ADDITIONAL INSTRUCTIONS

PAYMENT OPTIONS Cash Check

PET INFORMATION

Pet Name: _____ Length of Time Owned: _____

Pet Type: Dog Cat Bird Other

Breed: Sex: M/F Declawed: Y/N Neutered: Y/ N

License #: _____ Microchip/Tattoo/Dog Tag #: _____

Physical Description (if similar to another): _____

Birth date: _____ Or Age: _____

Weight: _____ Or Size: _____

FEEDING INSTRUCTIONS:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ min

Dry - Brand: _____ Measure with: _____ Amount: _____

Where to feed: _____

Morning Afternoon Dusk Night

Procedure: _____

Wet - Brand: _____ Measure with: _____ Amount: _____

Where to feed: _____

Morning Afternoon Dusk Night

Procedure: _____

Medication(s): _____

Amt: _____ Location: _____

Hide In Treat: _____

Morning Afternoon Dusk Night

Procedure: _____

Medication(s): _____

Amt: _____ Location: _____

Hide In Treat: _____

Morning Afternoon Dusk Night

Procedure: _____

Water - Water will be cleaned and filled frequently - Tap Bottled Filtered

Dish Location: _____

Treats Name: _____ Amt: _____

Location: _____

Notes: _____

Pet's Living Area: NOT allowed outdoors at all ONLY allowed outdoors on leash

Invisible fenced yard with collar Secure fence No fence, but doesn't leave yard

NOT allowed indoors Allowed on furniture, counters, beds

Restrict pet area/crate only when pet is alone Restrict pet area/crate at all times

Restricted Area/Crate Location:

Other off-limit areas: _____

Temperament/Personality: _____

Pet DOESN'T Like: Baths Hot Days Sharing Food Dishes Toenail Clip

Rain Snow Cold Loud Noise Vacuum Garbage Disposal Thunder

Massage New Animals All Humans Touch Ears Other family pets Strangers

Sprays People near food dish

Pet reacts to the above by: _____

Has Pet Ever: Attacked someone Bit someone Attacked another animal Injured self

Describe (even if mild, or under extreme/unusual situations) _____

Escaped out of fear Injured self out of boredom Escaped from home

Where does he/she like to escape to? _____

How can he/she be retrieved? _____

Commands: (Please circle commands we know, and underline commands we are working on):

Sit No Outside Make Poo Potty Bad Bath In the House Stay Down Walk Food

Who's Here Good Move Ride Come Lay Don't Pull Treat Back Drop [it] Come-on

Heel Out Walk Nice Cookie Naughty Don't Touch Off

Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities: _____

Comments: _____

Client/Owner Name: _____

Signature: _____ Date: _____

TERMS AND CONDITIONS

For the purposes of this contract the Pet Sitting service and/or their representatives (Independent Contractor, or employees) will be referred to as PET SITTER and the Pet Owner will be referred to as OWNER. The parties herein agree to the following terms and conditions.

1. A minimum deposit of 50% of the total cost of Pet Sit is due at the time of initial consultation and the remaining 50% is to be paid at time of first visit and left in conspicuous place for pet sitter. Holidays – require a full payment of services at time of consultation. A finance charge of 20% per month will be added to unpaid balances after (30) thirty days. A handling fee of \$50.00 or 1/2 the total amount of the check (which ever is greater) will be added to all returned checks.
2. Payment for all subsequent Pet Sits will be paid in full and left in a conspicuous place for the Pet Sitter at first visit.
3. Refund & Cancellation Policy – If Owner plans to shorten their trip they must give Pet Sitter a minimum of 12 hours notice in order to receive a refund. If Owner cancels their trip entirely a \$20.00 fee will apply for all notification less than 21 days prior to scheduled sits. Holidays—If Owner cancels, 50% of entire booking fee will apply for all notification 72 hours prior to scheduled sit. No refund on Holiday visits cancelled 72 hours or less before scheduled sits are to begin.
4. If Owner plans to lengthen their trip they must call Pet Sitter a minimum of 12 hours in advance of last Pet Sit in order to be put back on Pet Sitters schedule. Owner agrees to pay all additional fees incurred promptly upon their return.
5. Owner must call Pet Sitter PROMPTLY upon their returning home and leave a message in order not to incur another Pet Sitting charge.
6. Owner will inform their Veterinarian that a Pet Sitting Service will be caring for their pet(s) in their absence. If possible Owner will make arrangements to have Veterinarian reimbursed for any service necessary during their absence by leaving their credit card # on file.
7. If a medical emergency arises for pet, Pet Sitter will make every effort to contact the Owner but if time is on the essence Owner authorizes Pet Sitter to seek medical services at the closest Veterinarian Hospital. Owner agrees to reimburse Pet Sitter for all services rendered by Veterinarian in accordance with Owners wishes as stated and signed in the “Veterinary Treatment Authorization” form.
8. In the unlikely event of illness or personal emergency to Pet Sitter, Owner will authorize Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth in this contract. Owner will be notified in such a case.
9. It is the Owners responsibility to make sure all of their pet(s) are current on their vaccinations. Should Pet Sitter be bitten or otherwise injured by Owners pet(s), Owner agrees to pay all medical costs and lost wages incurred by Pet Sitter due to such injury.
10. Owner is responsible for any injury caused to Pet Sitter or the general public by the Owner’s pet(s) or condition of Owner’s premises.
11. In the event of inclement weather or natural disaster Pet Sitter will use their best judgment in caring for Owners pet(s) and home but cannot be held responsible for any damage to home or injury to pet arising from such.
12. If a problem arises such as a pipe rupture, flooding, earthquake, fire, break in, animal destroying fence etc., Pet Sitter will make every effort to contact Owner and follow their instructions. If Owner cannot be reached or immediate action is necessary for the health, safety and welfare of the pet(s), Owner authorizes Pet Sitter to make any repairs deemed necessary by the Pet Sitter. The Owner agrees to reimburse Pet Sitter for all expenses incurred for repair of property and will hold Pet Sitter blameless for work done by other.
13. Owner is to notify Pet Sitter if anyone else has keys or access to Owner’s property other than Pet Sitter during the time the Pet Sitter is caring for Owner’s home and pet(s). Pet Sitter cannot be held liable for damage done to home and pet(s) by others with such access. In addition, Pet Sitter shall not be held liable for damage done by pet to either the interior or exterior of home when Pet Sitter is not there.
14. Pet Sitter is not liable for pets that are left outside or may escape when Pet Sitter is not in attendance.
15. Owner shall, at Owners sole expense, defend Pet Sitter against any claim or demand, whether or not well founded arising from any act(s) of Owner’s pet(s) or relation to Owner’s property. Owner shall indemnify and hold Pet Sitter free and harmless from all cost, expenses and liabilities in connection with such claims or demands. These costs, expenses and liabilities include amounts paid in settlement before or after suit is commenced, attorney’s fees and costs incurred by Pet Sitter in defending against such claims or demands.
16. Pet Sitter will provide the services stated herein in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, Owner expressly waives and relinquishes any and all claims against Pet Sitter except those arising from gross negligence or willful misconduct on the part of Pet Sitter.
17. Should any section, provision or portion of the contract be held to be invalid, illegal, void or unenforceable, then such section, provision or portion shall be deleted from this contract. The remainder of this contract shall continue in full force and effect.
18. Any controversy or claim arising out of or in relation to this contract shall be brought to Small Claims Court before any other action is taken. If the matter cannot be resolved in Small Claims Court then the parties agree to binding Arbitration in accordance with the State where it was signed. The arbitrator shall be based on the rules of the American Arbitration Association.
19. This contract shall be interpreted and governed by the laws of the State in which it is signed. Each party will perform its obligations in accordance with all the applicable laws, rules and regulations of said State.
20. No term or provision of this contract shall be waived and no breach excused verbally. To be effective, each waiver or excuse shall be in writing and signed by the party who waived or excused.
21. Each waiver or excuse shall be independent of all other. Therefore, if a term or provision is waived or breach is excused, that waiver or excuse shall not waive any other term or provision or excuse any other breach.
22. In no event will Pet Sitter be liable to Owner for any damages, including, but not limited to any lost profits, lost savings or their incidental or consequential damages arising out of Owners use of Pet Sitter services, nor will Pet Sitter be liable for any claim by any third party, unless gross negligence or willful misconduct is proven on the part of the Pet Sitter. 23. Pet Sitter reserves the right to terminate this contract at any time before or during its term if Pet Sitter, in their sole discretion, determines that Owner’s Pet(s) pose a danger to the health and/or safety of Pet Sitter. If this occurs Pet Sitter will notify the Owner immediately of the problem and determine whether Owner will return or if pet(s) will need to be placed in a kennel with all charges to be charged to the Owner.
24. Owner authorizes this signed contract to be valid approval for future services of any purposes provided by this contract permitting Pet Sitter to accept telephone reservations for service and to enter the premises without additional signed contracts or written authorization.
25. _____By placing my initial here and signing this contract I am promising to read the Terms and Conditions in their entirety. If I have any questions about the above I will telephone the Pet Sitter before the Pet Sit is to begin.

(Pet Owner Print Name) (Date)

(Pet Sitter Print Name) (Date)

(Pet Owner Signature) (Date)

(Pet Sitter Signature) (Date)



VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

If any of the pets named above becomes ill or is injured, I request that petsitter take the pets to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office Name: _____

Address: _____

Phone Number: _____

I give permission to **Personal Pet Au Pair** to approve treatment up to \$ _____

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Personal Pet Au Pair to take my pet/s to another veterinary office for treatment. I understand that Personal Pet Au Pair cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever **Personal Pet Au Pair** cares for my pets:

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____