



PET SITTING SERVICE CONTRACT

CLIENT INFORMATION

Name: _____

Contact Preference/In Town: Home Phone Cell Work E-mail Text

Address: _____

Contact Preference/While Away: Home Phone Cell Work E-mail Text

Would you like to receive pet photos via text during your absence? Yes No

Directions: _____

Client Permission: Allow pet(s) photos to be posted on pet sitting company's social media sites (Facebook, twitter, etc.)? Yes No

Home Phone: _____

Travel Information:

Where can you be reached? (Hotel, etc.)

Cell Phone: _____

Phone: () _____ (We MUST have a telephone number or way to reach you.)

Can you accept text messages: Yes No

Work Phone: _____

Date & hour leaving town: _____

E-mail: _____

Date & hour returning: _____

Referred by: _____

Means of travel: Car Plane: Flight/Carrier _____

Other _____

In case of emergency, contact: _____ Phone: () _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?

(Name, address and phone number.)

Name, address and phone number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return: _____

KEY(S) RECEIVED AND TESTED

KEY RETURN:

- In Person, \$ _____
- Left On Final Visit
- Returned By Mail
- Other _____
- Garage Door Opener*

Locksmith Clause: In the event that Waggin' Tails Pet Care Services is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

***We must have a house key if garage door opener is used for home access.**

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/Special Treats

S/N* — Spayed or Neutered

Day or Dates	No. Visits Per Day	Pet's Name	A.M. Diet	P.M. Diet	Daily Exercise	Daily Medications	Restrictions

Vet Preference: _____ Phone: () _____

Is your vet aware that you will be using our pet sitting service? No, will notify Yes, have notified

Does your pet have health insurance? _____

Does your pet allow you to brush and groom him/her? Yes No

Pet grooming preferences: _____

Has your pet had obedience training? Yes No

If yes, commands recognized: _____

Is the cat declawed? If so, Front & Rear Front Only

Is the pet microchipped? If so, list chip company, phone # and I.D. # _____

Is there a digital I.D. tag? If so, list company and Web site: _____

How do pets react to your absence from home? _____

How does your pet react toward children and adult strangers? _____

How does your pet react to other pets; e.g. any in-house grumbling or fighting? _____

Are you aware of any reason we should approach any of your pets with caution? _____

Does your pet have any contagious illness? _____

Does your pet have any physical conditions or problems I need to be alert to? _____

List any special attention these conditions or problems may require: _____

Has your pet ever bitten anyone, animal or human? _____

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs, neighborhood issues, etc.)? _____

Are pets secured in home or yard? _____

At what external temperature (low/high) should outdoor pets be brought indoors? _____

Pet Food/Treats Located: _____

Leash Located: _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal?

Indoor "Accident" Cleanup and Disposal?

Disposal of litter box contents? _____

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Waggin' Tails Pet Care Services and will remain in effect until terminated by either party as provided below in Item 9. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Waggin' Tails Pet Care Services availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, but will make every effort to accommodate all requests. In the event of early return home, Client must notify Waggin' Tails Pet Care Services promptly to avoid being charged for unnecessary visit(s).
2. The fee per visit is \$_____. The total number of visits expected during the first scheduled service period is _____. Other assessed fees for the first scheduled service period are \$_____. **TOTAL FEE expected for the first service period is \$_____.** To the extent additional visits are requested or approved by client, or otherwise authorized under this Agreement, such additional visits will be charged at the same per visit rate set out above.
3. Waggin' Tails Pet Care Services is authorized to perform care and services as outlined on this contract. Both Waggin' Tails Pet Care Services and Client recognize that the welfare of the animal is the highest priority. If in Waggin' Tails Pet Care Services judgment additional services become necessary during the service period to properly care for the animal, Waggin' Tails Pet Care Services will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Waggin' Tails Pet Care Services is authorized to undertake such additional steps as may in the reasonable judgment of the Waggin' Tails Pet Care Services be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Waggin' Tails Pet Care Services to provide care for the animal; (b) consultation with Client's Veterinarian listed above, or with an emergency veterinary care provider should Client's Veterinarian be unavailable; (c) authorizing care and treatment as recommended by Client's Veterinarian or an emergency veterinary care provider (excluding euthanasia) up to a maximum cost of \$_____; and (d) such other steps as may in the reasonable judgment of Waggin' Tails Pet Care Services be necessary or appropriate for the health and welfare of the animal. Client agrees to be responsible for all fees and expenses incurred for care and treatment of the animal pursuant to this paragraph, and releases and holds Waggin' Tails Pet Care Services harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Waggin' Tails Pet Care Services/Company for any expense incurred, plus any additional fees for attending to animal's needs or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Waggin' Tails Pet Care Services is entrusted to use best judgment in caring for pet(s) and home. Waggin' Tails Pet Care Services will be held harmless for consequences related to such decisions.
5. Waggin' Tails Pet Care Services agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST WAGGIN' TAILS PET CARE SERVICES ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF WAGGIN' TAILS PET CARE SERVICES. SHOULD WAGGIN' TAILS PET CARE SERVICES OR ANY AUTHORIZED PERSON ACCOMPANYING WAGGIN' TAILS PET CARE SERVICES SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY WAGGIN' TAILS PET CARE SERVICES AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF WAGGIN' TAILS PET CARE SERVICES.
6. Client acknowledges that payment is due in advance of a scheduled service period without further invoice or notice. A finance charge of _____% per month will be added to unpaid balances after _____ days. A handling fee of \$_____ will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Waggin' Tails Pet Care Services. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.

TERMS & CONDITIONS (continued)

7. In the event of personal emergency or illness of WAGGIN' TAILS PET CARE SERVICES, Client authorizes WAGGIN' TAILS PET CARE SERVICES to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Waggin' Tails Pet Care Services will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.

8. All pets are to be currently vaccinated and a clean fecal and proof must be provided.

9. WAGGIN' TAILS PET CARE SERVICES and Client each may terminate this contract at any time by written notice to the other. Waggin' Tails Pet Care Services will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's pets. Waggin' Tails Pet Care Services will not terminate during a period of scheduled service unless Waggin' Tails Pet Care Services determines, in his/her sole discretion that a danger exists to the health or safety of Waggin' Tails Pet Care Services. If such concerns preclude Waggin' Tails Pet Care Services from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Every attempt will be made to notify Client regarding such situation.

10. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Waggin' Tails Pet Care Services during any service period scheduled by Client and accepted by Waggin' Tails Pet Care Services. Upon such scheduling and acceptance, Waggin' Tails Pet Care Services will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone reservations for future visits.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Printed Client Name

Printed Staff Name

Client Signature

Date

Waggin' Tails Pet Care Services Staff Signature

Date

