

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Within Hobbs City Limits  YES  NO

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vet Info: \_\_\_\_\_

How many pets are in the home/property? \_\_\_\_\_

**Every pet needs to be mentioned/accounted for that can escape from people entering/exiting the home/property. Any pet that we must ensure is safe and alive. Any pet/enclosure we have to water or feed, including fish tanks. Any pet that can cause ANY type of injury, minor or severe, i.e scratching, biting, can cause someone to trip etc.**

1. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Conditions	Species  Breed/Type  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too young <input type="checkbox"/> Not applicable  Color/Color Pattern	History of <input type="checkbox"/> Biting <input type="checkbox"/> Nipping <input type="checkbox"/> Scratching <input type="checkbox"/> Clawing <input type="checkbox"/> Spitting <input type="checkbox"/> Jumping <input type="checkbox"/> Hiding <input type="checkbox"/> Darting <input type="checkbox"/> Playing dead <input type="checkbox"/> Vomiting from excitement/anxiety <input type="checkbox"/> Defecating from excitement/anxiety <input type="checkbox"/> Peeing from excitement/anxiety <input type="checkbox"/> Other	Likes	Dislikes

2. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Conditions	Species  Breed/Type  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too young <input type="checkbox"/> Not applicable  Color/Color Pattern	History of <input type="checkbox"/> Biting <input type="checkbox"/> Nipping <input type="checkbox"/> Scratching <input type="checkbox"/> Clawing <input type="checkbox"/> Spitting <input type="checkbox"/> Jumping <input type="checkbox"/> Hiding <input type="checkbox"/> Darting <input type="checkbox"/> Playing dead <input type="checkbox"/> Vomiting from excitement/anxiety <input type="checkbox"/> Defecating from excitement/anxiety <input type="checkbox"/> Peeing from excitement/anxiety <input type="checkbox"/> Other	Likes	Dislikes

3. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Medical Conditions</b>	<b>Species</b>	<b>Spayed/Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too young <input type="checkbox"/> Not applicable	<b>History of</b> <input type="checkbox"/> Biting <input type="checkbox"/> Nipping <input type="checkbox"/> Scratching <input type="checkbox"/> Clawing <input type="checkbox"/> Spitting <input type="checkbox"/> Jumping <input type="checkbox"/> Hiding <input type="checkbox"/> Darting <input type="checkbox"/> Playing dead <input type="checkbox"/> Vomiting from excitement/anxiety <input type="checkbox"/> Defecating from excitement/anxiety <input type="checkbox"/> Peeing from excitement/anxiety <input type="checkbox"/> Other	<b>Likes</b>	<b>Dislikes</b>
	<b>Breed/Type</b>	<b>Color/Color Pattern</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

4. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Medical Conditions</b>	<b>Species</b>	<b>Spayed/Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too young <input type="checkbox"/> Not applicable	<b>History of</b> <input type="checkbox"/> Biting <input type="checkbox"/> Nipping <input type="checkbox"/> Scratching <input type="checkbox"/> Clawing <input type="checkbox"/> Spitting <input type="checkbox"/> Jumping <input type="checkbox"/> Hiding <input type="checkbox"/> Darting <input type="checkbox"/> Playing dead <input type="checkbox"/> Vomiting from excitement/anxiety <input type="checkbox"/> Defecating from excitement/anxiety <input type="checkbox"/> Peeing from excitement/anxiety <input type="checkbox"/> Other	<b>Likes</b>	<b>Dislikes</b>
	<b>Breed/Type</b>	<b>Color/Color Pattern</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

5. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Medical Conditions</b>	<b>Species</b>	<b>Spayed/Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Too young <input type="checkbox"/> Not applicable	<b>History of</b> <input type="checkbox"/> Biting <input type="checkbox"/> Nipping <input type="checkbox"/> Scratching <input type="checkbox"/> Clawing <input type="checkbox"/> Spitting <input type="checkbox"/> Jumping <input type="checkbox"/> Hiding <input type="checkbox"/> Darting <input type="checkbox"/> Playing dead <input type="checkbox"/> Vomiting from excitement/anxiety <input type="checkbox"/> Defecating from excitement/anxiety <input type="checkbox"/> Peeing from excitement/anxiety <input type="checkbox"/> Other	<b>Likes</b>	<b>Dislikes</b>
	<b>Breed/Type</b>	<b>Color/Color Pattern</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

# DROP-IN PET SITTING

Dates of 1<sup>st</sup> Service \_\_\_\_\_

Will there be anyone else/service providers coming into the home/property during the dates of service?  YES  NO

Who/What/When: \_\_\_\_\_

Date	Date	Date	Date	Date	Date	Date
<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)	<input type="checkbox"/> 15 min Time(s)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)	<input type="checkbox"/> 30 min Time(s)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)	<input type="checkbox"/> 1hr Time(s)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. Client agrees in the event of a natural passing of their pet while away, Three Sisters is not liable for the natural occurring death of your pet. In the event of a pet's death, client instructs Three Sisters to:

\_\_\_\_\_ In case of emergency requiring vet care or other emergency services, client is liable for those costs.

2. Does your pet require a walk at our visits? Walks are an additional charge to drop-in sittings. Walks are 30 minutes. During high-temperatures walking will only be done at cooler times.

- Please walk my pet at all visits.
- Please only let my pet into the fenced yard. Walks are not required.
- My pet is NOT allowed outside. They use a litter box or potty pad.
- My pet is an outdoor pet. No walks are necessary.

## Dog Walking

(Time/Location): \_\_\_\_\_

Locations to Avoid: \_\_\_\_\_

Does your pet pull/ try to lead? \_\_\_\_\_

Is your pet reactive to other animals, dogs, cats, squirrels, bikes, children etc \_\_\_\_\_

\_\_\_\_\_ Three Sisters Pet Walking is not an obedience/training service. You are stating your pet is leash trained and/or familiarized with being on a leash and walking outside their home. In the event your pet is determined unfit for walks, your pet will be returned to your home, and client agrees to pay full amount of service.

\_\_\_\_\_ \*In the event your pet is an aggressor and attacks another dog, pet, or human, you agree to all reasonable means to remove your pet from the other(s). This can include severe physical contact against your pet, that could result in serious injury or death of your pet. In case of emergency requiring vet care, client is liable for all vet cost, and any medical cost to any person or other pet required as a result of your pet.

**Information/Instructions. Please be detailed and specific for each...**

1. Entering the home--HOME RULES: what is allowed/not allowed in regards to your home. any off-limit areas etc
2. Feeding & Water Instructions (Time(s)/Amount/Location):
3. Treat Instructions (Time(s)/Amount/Location)
4. Medication Instructions (Time(s)/Amount/Location)
5. Litter/Waste Management Instructions:
6. Playtime/socialization/training? Please provide what type of play/socialization and location of toys/items:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION/INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Death can occur as a result of a third party interaction such as animal control, police officers, civilians utilizing their right to defend themselves, family, property, etc. Please understand we will use the appropriate use of force, but cannot control third parties actions. We reserve the right to protect ourselves from great bodily injury and/or death when interacting with any ones pets/ animals.





# Dog Park Transportation/Supervision:

Has your dog been socialized with other pets and people? \_\_\_\_\_

Has your dog been to the dog park prior? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Does your dog like to play with other dogs or are they more of a loner in the dog park? \_\_\_\_\_

Does your dog play aggressively? \_\_\_\_\_

Has your dog ever attacked/bit another dog? \_\_\_\_\_

Does your dog have good recall, what are the commands/signal? \_\_\_\_\_

## **OTHER INFORMATION:**

\_\_\_\_\_ \*In the event your pet is an aggressor and attacks another dog, pet, or human, you agree to all reasonable means to remove your pet from the other(s). This can include severe physical contact against your pet, that could result in serious injury or death of your pet. In case of emergency requiring vet care, client is liable for all vet cost, and any medical cost to any person or other pet required as a result of your pet.

\*Death can occur as a result of a third party interaction such as animal control, police officers, civilians utilizing their 2<sup>nd</sup> amendment right or right to defend their selves, family, property, etc. Please understand we will use the appropriate use of force, but cannot control third parties actions. We reserve the right to protect ourselves from great bodily injury and/or death when interacting with animals.

\_\_\_\_\_ You agree that in the event your pet is deemed unfit to be in the dog park, your pet will be removed and transported back to your residence, and you are still required to pay the full amount of the service.

**Three Sisters agrees to provide the following service(s) contained within this form and any listed below:**

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Client agrees to pay full amount upon completion of services: \_\_\_\_\_ (INITIAL)

I, \_\_\_\_\_ (clients name), authorize, \_\_\_\_\_ (Agents name)  
access to my home/property. They will access my home via  
\_\_\_\_\_, and have access to the following:

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**Release from Liability.** To the fullest extent permitted by law, I waive any right or cause of action of any kind whatsoever against, and release from any liability whatsoever, Three Sisters, and its officers, directors, employees and agents ("Released Parties"), excepting only liability that directly arises from the gross negligence or willful misconduct of Three Sisters. This waiver and release shall apply to any claim of injury to person or property, including but not limited to any personal injury, death, dismemberment, mental anguish, emotional distress, loss or destruction of personal property, inconvenience or delay or disruption of services. I further agree to release, indemnify and hold harmless the Released Parties from any and all acts of God, war (whether declared or undeclared), terrorist activities, incidents of politically motivated violence, illness or quarantine, strikes or government restrictions or the acts or omissions of any supplier, agents, agencies, persons, corporations, civilians, or businesses over which the Released Parties have no direct or indirect control, including airlines, railways, bus companies, hotels, shipping companies, guides and sub-contracted agents, or trip operators. I fully expect and agree that this waiver and release agreement is also binding upon my heirs, personal representatives, executors, successors, and assigns.

I VERIFY THAT I UNDERSTAND AND ACCEPT THIS STATEMENT BY INSCRIBING MY INITIALS HERE: \_\_\_\_\_



# **IN HOME PET SITTING DAY/OVERNIGHT/24 HOUR CONDITIONS/REQUIREMENTS**

Day in home pet sitting, you must schedule a minimum of 4 hours per day / 12 hours within 3 days

Day in home pet sitting rate is \$7.00 per hour, minimum 12 hours total withing three days.

Overnight in home pet sitting there is no scheduled day minimum requirement.

Overnight in home pet sitting rate is the rate, whether or not you choice to utilize all 12 hours or not. There is no prorating.

Request to arrive earlier will not be accommodated. Request to stay later will not be accommodated.

Request to depart earlier can be accommodated.

24 hour in home pet sitting there is no minimum scheduled day requirement

24 hour in home pet sitting rate is the rate, whether or not you choice to utilize all 24 hours or not. There is no prorating.

Request to arrive earlier will not be accommodated. Request to stay later will not be accommodated.

Request to depart earlier can be accommodated.

You must make a deposit of half the total invoice for these services. There is no prorating. If you must cancel before services have started there is a 10% of invoice total cancellation fee. If you must cancel once services have started there is a 20% of invoice total cancellation fee, plus the cost of services completed.

The basic services provided for in home pet sitting and overnight pet sitting are the following

Feeding, providing fresh clean water, letting in/out as needed, giving medication if needed, one 15-20 minute walk (optional), playtime as needed, one basic bath (1 time within a week time frame). Supervision, observation, and interaction with your pet, and adhering to any schedule they may need. Hanging out with your pet, ensuring they are fed and watered, happy and safe. Cleaning any pet related accident/mess inside the home, cleaning their feeding bowls and area. Vacuuming, moping, and wiping down furniture is acceptable so long as it relates to pets in the home. I.E dog prints on a glass coffee table, sweeping up kibble/doggy mess, moping were there was an accident etc.

Optional: Teaching basic commands/tricks. Sit, Lay down, Shake, Circle, Sit Pretty, Roller Over

Optional: Practicing any commands/tricks you are trying to show them

Optional: Bring in mail or packages. Small favors that do not require cleaning/picking up. Such as watering an indoor plant once, moving your trash bin etc

Client must provide the following

Clean and safe home

Filtered Drinking Water (Bottled water or filtered water from faucet)

Access to restroom-no cameras in the restroom

Access to microwave, sink, refrigerator/freezer (for our own breakfast, lunch, dinner)

Access to cleaning items, toilet paper, paper towels, and cleaning agents

Preferred access to television, not required, but preferred.

WiFi-required

For overnight and 24 hour

All items listed above

Clean bedding

Access to shower, permission to use shower

No cameras where we will be sleeping/changing/using the restroom. In the event we discover such invasion of privacy we reserve our right to report such incident to the appropriate authorities, media, and social media.

For all in home pet sitting 6+ hours, we require up to 1 hour of leave time. If the time is 8 hours or more but less than 24 hours, for every 8 hours we require 1 hour.

24 hour in home pet sitting we require up to 3 hours of leave time.

This does not necessarily mean we leave for an hour every time or use the time, but you must be in agreement that we can leave for up to x amount of time. If there are specific times you do not wish us to leave, you must inform us before hand.

You must be in agreement there will be at times two sitters in your home. Not every time, not all the time, but sometimes. You must be in agreement pet sitters may switch out at any point. X may come in the morning and leave in the afternoon when Y comes in the afternoon and stays the remainder of the time.

**THIS SERVICE DOES NOT INCLUDE HOUSEKEEPING, POOPER SCOOPER, OR ANY HOME/YARD MAINTENANCE OR CLEANING SERVICES.**

For any requests or requirements outside the above listed, such as walking pets for longer times, letting other service persons into the home, picking up pet waste from outside, light cleaning request, etc there will be additional fees. Fees are determined by the request it self.

## Filming and Photography Consent Three Sisters Pet Sitting

By booking a service with Three Sisters Pet Sitting, you are booking a service that uses photography, audio, and video recordings of your pets, home, and property. Your booking services with Three Sisters Pet Sitting constitutes your consent for your pet, home, property to be photographed, filmed, and/or otherwise recorded, and to the release, publication, exhibition, or reproduction of any and all recorded media of your pet, home, property for any purpose whatsoever in perpetuity in connection with Three Sisters Pet Sitting and it's initiatives, including, by way of example only, use on websites, in social media, news, and advertising.

By booking services, you waive and release any claims you may have related to the use of recorded media of your pet, home, or property, by Three Sisters Pet Sitting, including, without limitation, any right to inspect or approve the photo, video or audio recording of your pet, home, property, any claims for invasion of privacy, violation of the right of publicity, defamation, and copyright infringement or for any fees for use of such record media. You understand that all photography, filming, and/or recording will be done in reliance on this consent.

If you do not agree, please do not book services with Three Sisters Pet Sitting.

I agree: \_\_\_\_\_

Signature

Date:

# Code of Ethics

Three Sisters Pet Sitting follows a Code of Ethics. The components of our code of professional ethics: Values/Conduct, Service/Action, and Legal

## VALUES/CONDUCT

*Towards the animals in our care, customers, competitors, and community*

1. To provide conscientious care for the animals entrusted to us, being constantly attentive to their security, safety, and well-being, and to place their welfare above all other business considerations.
2. To respect our customers by dealing with them honestly and fairly, never intentionally misrepresenting our services, and providing positive solutions for customers concerns.
3. To act with honesty, integrity, and respect in dealing with other professions/trades that operate within the pet industry, and to reflect the highest standards of professionalism upon the pet care services industry and within our local community.
4. To provide our services without discrimination on the basis of race, color, ethnicity, national origin, gender, disability, physical limitation, marital or familial status, sexual orientation, religion or political beliefs.
5. To provide truthful representations concerning our qualifications, experience, performance of services, and expected results; to provide full disclosure of any potential problems and/or conflicts of interest to clients and other professionals.

## SERVICE/ACTION

*Pets and customers*

1. To encourage responsible pet ownership by encouraging health and safety of pets, and other advocacy programs
2. Acceptance of humane and noble animal programs.
3. To keep all client information confidential, maintain and respect the confidentiality of all information obtained from clients in the course of business; to refrain from disclosure of information about clients and their pets to others without the clients explicit consent, except as required by law.
4. To obtain written informed consent from any client prior to photographing, video or audio recording an animal in play, handling, or training, with specific written permission of photos, video, audio records for public or for-profit use.

## LEGAL

*Minding local, state, and federal laws*

1. To be aware of, and comply with, all applicable federal, state, and local laws of the county and city in which we provide our services in governing animal care and business practices, including but not limited to, ethical standards governing professional practices, treatment of animals (including cases of neglect or abuse), licensing, identification, immunization requirements and the reporting of incidents, neglect, or abuse.



# Pet Care Emergency Authorization Form

To Whom It May Concern:

I, \_\_\_\_\_ (owner's name), owner of the below described animal, authorize  
\_\_\_\_\_ (authorized agents name) to make emergency veterinary medical decisions, including euthanasia  
(unless noted below), for the animal described below in the event I cannot be reached. Where applicable, I have also listed guidelines and limitations  
of care. I accept financial responsibility for the emergency care of the animal(s).

Owner's Legal Name: \_\_\_\_\_

Owners contact information in case of emergency (provide all forms of contact):  
\_\_\_\_\_  
\_\_\_\_\_

Other contacts (travel companions, etc): \_\_\_\_\_

Travel dates or expiration of this form: \_\_\_\_\_

Animals name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age, weight, sex, of animal: \_\_\_\_\_

Description of animal (color/markings): \_\_\_\_\_

Relevant medical history: \_\_\_\_\_

Microchip # (if applicable): \_\_\_\_\_

Vaccinations (vaccinations/date): \_\_\_\_\_

Medications (name, dose, frequency, route of administration):

Name	Dose	Frequency	How medication is given (orally, etc)	Other notes

Other medication notes: \_\_\_\_\_

Authorized Agent(s): \_\_\_\_\_

Relationship to pet owner: \_\_\_\_\_

Contact information for Authorized Agent: \_\_\_\_\_

Other Instructions, if applicable: \_\_\_\_\_

I authorize emergency veterinary care costs up to \$ \_\_\_\_\_

I do **NOT** authorize euthanasia without my direct consent:      INITIAL: \_\_\_\_\_

In the event of my animals death, I wish for the following to be done with his/her remains:  
\_\_\_\_\_  
\_\_\_\_\_

I do **NOT** authorize the following procedures/treatments (provide a description of what is to be done in place of the procedure/treatment)

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Other:

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Owners printed name: \_\_\_\_\_

Owners signature: \_\_\_\_\_

Date: \_\_\_\_\_