



Release of liability

Client(s) Name: _____

Address: _____ **Phone Number:** _____

The Owner (stated above) wishes to engage in West Coast Paw Sitterz pet services and agrees to undertake the services under the terms in this pet care contract as well as the client and pet profile form which is apart of this contract. Any reference to dogs or pets on this contract shall refer to those specified on the client and pet profile form.

Release of liability

I do hereby waive and release West Coast Paw Sitterz from any all all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of West Coast Paw Sitterz. West Coast Paw Sitterz agrees to provide all services in kind, humane, reliable and trustworthy manner. Client agrees to notify West Coast Paw Sitterz of any concerns within the first 24 hours of completed service. In case of emergency, inclement weather or a natural disaster, I authorize West Coast Paw Sitterz to use their responsible judgement for the care and wellbeing of my pet(s) and/or house.

I understand that West Coast Paw Sitterz can terminate this contract if my pet becomes a threat to the safety or health of a West Coast Paw Sitter, or the community due to aggressive behavior. West Coast Paw Sitterz will contact client if pet(s) display aggressive behaviors or tendencies. I acknowledge I am responsible for medical expenses and damages resulting from an injury to West Coast Paw Sitterz or other person or animal caused by my pet(s). West Coast Paw Sitterz reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed, I will inform West Coast Paw Sitterz before the next service is scheduled. This signed document gives West Coast Paw Sitterz authorization to enter the above listed address as needed to perform the necessary service. I authorize this contract to be valid approval for services so as to permit West Coast Paw Sitterz to accept all future telephone, email, mail, online reservations and enter my home without additional signed contracts or written authorizations.

Acknowledged and Agreed to by:

Signature: _____

Printed name: _____ **Date:** _____



Client & Pet Profile

Last name: _____ First name: _____ Cell Number: (____)____ - ____

Last name: _____ First name: _____ Cell Number: (____)____ - ____

Home address: _____

Emergency contact (alternate contact)

First and last name: _____ Cell Number: (____)____ - ____ Relation: _____ Key Y/N

Pet profile

Pet name: _____ Species: _____ Breed: _____ Sex M/F

Age: _____ Color: _____ Size: _____ Altered Y/N

Allergies	Y/N	If so, what?
Medications	Y/N	If so, what?
Special diet	Y/N	If so, what?
Treats allowed	Y/N	If so, what?

Feeding schedule

Breakfast AM	Time: _____	Amount: _____
Lunch	Time: _____	Amount: _____
Dinner PM	Time: _____	Amount: _____

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Breakfast AM	Time: _____	Amount: _____
Lunch	Time: _____	Amount: _____
Dinner PM	Time: _____	Amount: _____

Emergency vet information

Vet name: _____

Address: _____ Phone number: _____

Pets history

1. Has your pet ever had any major medical health conditions? Explain if so.

2. Has your pet had any issues with any other animals in the past? Explain if so.

3. Does your pet have any history of biting?

I authorize West Coast Paw Sitterz to act as my agent in the event of my dog needing medical attention IF I, nor my listed emergency contact cannot be reached. I further agree that I will be responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

Signature _____ Date _____



1. _____ **Rates, fees & deposits.** West Coast Paw Sitterz will provide the services at the rates set in the rates form attached hereto. Fees for additional services are also listed in the rates form. A deposit of 50% of your service total is required at booking. The balance is due on the first (1st) business day following the client's return.
2. _____ **Cancellations.** Cancellations may be made up to 3 days in advance of the agreed scheduled service date. Any and all prepaid deposits will be refunded if cancellations are made prior to the 3 day mark. 50% of the initial deposit amount will be kept if cancellations are made within the 72 hour period.
3. _____ **Emergency Veterinary Care.** I authorize West Coast Paw Sitterz to act as my agent in the event of my pet needing medical attention if I, nor my listed emergency contact cannot be reached. I further agree that I will be responsible for any and all cost of veterinary care deemed necessary by the licensed veterinarian.
4. _____ **Vaccinations.** All pets under the care of West Coast Paw Sitterz are to be current on vaccinations. Flea and tick applications such as advantage and Frontline are also required. Should West Coast Paw Sitterz or a third-party be bitten or otherwise exposed to any disease or ailment received from the clients animal which has not been properly and currently vaccinated, it will be the clients responsibility to pay all costs and damages incurred by the victim(s).
5. _____ **Relationship and Responsibilities.** It is expressly understood that the owner retained the services of the sitter as an independent contractor and not as an employee. The sitter shall be responsible for his/her insurance and all statutory declaration and payments with regard to income tax and VAT where applicable. The sitter undertakes to perform the agreed on services in an attentive, reliable and caring manner and the owner undertakes to provide all necessary information to assist in this performance.
6. _____ **Term of agreement.** The term of this agreement will commence on the affective date, and will continue on an as needed basis until the agreement is terminated by either party, as provided hereunder.
7. _____ **Disclosure of video surveillance.** It is expressly understood that the owner will disclose to West Coast Paw Sitterz if the sitter(s) are being recorded through video surveillance in any form.
(Please check if applicable)
 - _____ video surveillance?
 - _____ recorded?
8. _____ **No shared visits.** It is understood that no services will be shared with anybody other than the booked sitter(s). Unless otherwise agreed to with West Coast Paw Sitterz, there shall be no other parties in the home upon arrival and during scheduled service.