CritterSitter.me

CERTIFIED, COMPASSIONATE CARE

PET SITTING SERVICE AGREEMENT

Client Information

Client Name: _____ **Phone:** _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Pet Information

Pet Name(s) & Breed: _____

Feeding/Medication Instructions: _____

Vet Information

Clinic Name: _____ **Phone:** _____

Clinic Address: _____

Service Details & Payment

Service Dates: _____ **Total Due: $** _____

Payment Policy: A 50% deposit is required upfront to secure the date(s). The remaining 50% balance is due upon Michelle Durichko's arrival on the first day of service.

Terms and Conditions

1. **Authorization:** The Client authorizes Michelle Durichko (CritterSitter.me) to perform pet care duties as outlined.
2. **Liability:** Michelle Durichko will provide professional care but is not responsible for pet loss or injury unless caused by gross negligence.
3. **Emergencies:** In the event of a medical emergency, Michelle Durichko will attempt to contact the Client; otherwise, seeking care at Client's expense is authorized.
4. **Access:** The Client will provide a working key or entry code for the residence. Michelle Durichko agrees to keep the premises secure.
5. **Cancellations:** Full refunds require 7 days' notice. Less than 7 days' notice results in no refund, as dates were held exclusively for the Client.

_____ _____

Client Signature **Michelle Durichko Signature**

Date: _____ Date: _____