# The Bolton Butlers LLC

## PET SITTING INTAKE FORM

### PET OWNER INFORMATION

Name:			
Address:			
Phone: Email:			
EMERGENCY CONTACT DETAILS (someone in town when you are away)			
Name:	Relationship:		
Phone:			

PET INFORMATION			
Name:	Breed:		
Color:	Age: Allergies:		
Feeding Instructions/Schedule:			
Daily Routine (Potty breaks, Bedtime, Scared in ba	ad weather):		
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Name:	Breed:		
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### **ΥΓΤΓΟΙΝΙΑ ΟΙ ΑΝΙ ΙΝΙΓΟΟΝ ΑΤΙΟΝΙ**

VETERINARIAN INFORMATION					
Name:					
Clinic Name 8	Address:				
Phone:					
Pets Medical	History:				
Pets Current I	llnesses:		Medications	:	
		HOME	INFO/ACC	ESS	
Codes we will	How will we enter your home- garage door, door to house? Codes we will need: We always request a key as back up in addition to any codes or garage door openers				
Any other home information needed/ surveillance inside or outside?					
		SERVIO	CE DATES		
Start Date : _			End Da	ite:	 
Overnights YESNO Dates of Overnights: 10 Hr 12 Hr (\$10.00 per hour added to 10 hour base price)					
<ul> <li>Times and Frequency of Check ins: Check all that apply for this booking.</li> <li>20 minute minimum check ins (potty break only- no feeding)</li> <li>25 minutes for all feedings or more play time and seniors needing extra care</li> <li>Dogs must be able to be alone for 10 hrs unkenneled if choosing 2 daily check ins.</li> <li>Most dogs need AM,MIDDAY and PM check ins. Dogs kenneled in the day must have 3 daily check ins.</li> <li>List date, number of check ins and length for each day.</li> </ul>					
Example: 10th-20 min (1) 25 min (2)					

## Additional Pet Information

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Color:	Age: Allergies:		
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### PET SITTING AGREEMENT

#### PET OWNER RESPONSIBILITIES

If the pet(s) have any known behavioral issues or aggression triggers, the Pet Owner must disclose these details to the Pet Sitter. The Pet Sitter has the right to refuse to provide the Services if the pet(s) have a contagious disease or display aggressive and dangerous behavior.

#### PAYMENT AND FEES

The payment for the Services is due on or before the first day of services. If the payment is not made by the due date, a late payment fee of \$10.00 may be charged. In the event of non-payment, the Pet Sitter reserves the right to withhold or terminate services.

#### CONFIDENTIALITY

The Pet Sitter should keep all of the Pet Owner's information (e.g., contact information, home access codes, security measures, etc.) strictly confidential.

#### EMERGENCIES

In the event of a pet medical emergency or illness during the service period, the Pet Sitter will make every reasonable effort to contact the Pet Owner or their emergency contact immediately. If the Pet Owner cannot be reached in time, the Pet Owner authorizes the Pet Sitter to seek emergency veterinary care for their pet if necessary for the pet's health, safety, and well-being. The Pet Owner shall be responsible for all associated veterinary expenses.

#### CANCELLATION AND TERMINATION

The Pet Owner is required to provide notice at least 5 days prior to the start date. If a cancellation is made after this period, a cancellation fee of \$20 may be imposed. The Pet Sitter reserves the right to cancel or terminate services at any time due to unsafe work conditions or aggressive pet behavior. Should the Pet Sitter cancel the Services, the Pet Owner will be notified, and a proportionate refund of any pre-paid fees will be provided.

#### LIABILITY

The Pet Owner agrees to indemnify and hold harmless the Pet Sitter from any claims, liabilities, damages, expenses (including legal fees), or harm to the pet(s) arising from the Services, except in cases of gross negligence or willful misconduct by the Pet Sitter.

By signing below, both parties acknowledge and agree to the terms and conditions stated in this agreement.

PET OWNER'S SIGNATURE

DATE

Debbie Bolton

PET SITTER'S SIGNATURE