



Boarding, Daycare,  
Grooming, Training,  
& Melendez Puppies!

### **Pet Sitting Agreement**

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Pet: ☐ Cat ☐ Dog ☐ Bird ☐ Snake/Lizard ☐ Hamster/Mouse ☐ Frog/Turtle ☐ Other

Breed(s): \_\_\_\_\_

Sex: \_\_\_\_\_ ☐ Spayed ☐ Neutered Weight: \_\_\_\_\_ Color: \_\_\_\_\_

#### **Feeding Instructions, A:**

We are asking you to provide a Ziplock bag for each feeding with your pet's first name, also provide an extra day or two of food just in case you're considering staying longer on your trip. Example: If your Pet only eats one meal a day, you will provide written instructions on the ziplock bag with the date a.m. or p.m. feeding one ziplock bag for the day. If your pet eats two meals a day, you will provide one ziplock bag for the morning feeding and one ziplock bag for dinner feeding. with the same instructions above. If you have snacks or medication that you would like to provide, please make sure they go into the same feeding ziplock bag. So, we can place everything into the feeding bowl, this would help out so much. Example: dogs want to eat their food and go outside to relieve themselves; this will save time and less cleanup time. This feeding instruction will save us time and save you money.

**Please Read and Initial \_\_\_\_\_**

#### **Feeding Instructions, B:**

**Please provide us with detailed directions to feed your pet. Please be as detailed as possible.**

Location of where pets eat, example: kitchen, or in laundry room

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Does your pet eat dry food?

☐ Yes ☐ No ☐ Other

What time(s) of day is your pet fed their DRY FOOD. The times frames listed are during our designated pet care hours and may be adjusted according to your pet's visit schedule. Please check all that apply.

☐ Not applicable ☐ 6 AM to 8 AM ☐ 12 PM to 4 PM ☐ 6 PM to 9 PM ☐ 8 PM to 12 PM ☐ Other



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### **Pet Sitting Agreement**

Name of dry food, example: Purina, or large breed

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Location of where dry food is stored, example: pantry, or in garage

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Amount to feed pet EACH feeding, example: 1 cup or fill the bowl

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Item used to measure food, example: scoop in bag

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Does your pet eat wet food?

☐ Yes ☐ No ☐ Other

What time(s) of day is your pet fed their WET FOOD. The times frames listed are during our designated pet care hours and may be adjusted according to your pet's visit schedule. Please check all that apply.

☐ Not applicable ☐ 6 AM to 8 AM ☐ 12 PM to 4 PM ☐ 6 PM to 9 PM ☐ 8 PM to 12 PM ☐ Other

Brand of wet food, example: Fancy Feast or Wellness

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Location where wet food is stored, example: pantry, or in garage

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Amount of wet food to feed per feeding, example: ½ can or 1 tablespoon

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Location of extra dry food and/or wet food, example: pantry, or in garage

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Location where food dishes are stored when not in use, example: Kitchen, or in laundry room

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### **Pet Sitting Agreement**

Location of extra food dishes, Kitchen, or in laundry room

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Does the pet have a routine to follow before eating?

☐ Yes ☐ No

Please describe the routine in detail below., example: must sit first

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Does your pet require any of the following when eating? Check all that apply.

☐ Not applicable ☐ Supervise while eating ☐ Dispose of uneaten food ☐ Feed apart from other pets  
☐ Remove food after so much time

Please specify how much time is needed before removing food, example: 10 minutes

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Please give detailed instructions on how to feed your pet., example: add water to dry food or heat in microwave

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Please specify the type of water you provide for your pet.: ☐ Tap ☐ Filtered from refrigerator dispenser  
☐ Filter from pitcher in refrigerator ☐ Filtered from sink ☐ Bottled

Location of water dish:

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Is your pet restricted to a certain amount of water?

☐ Yes ☐ No

Please indicate how much water to provide at each refill, example: 1 cup or ½ bowl

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Special instructions for water, example: refill add fresh supplement



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### **Pet Sitting Agreement**

Does your pet receive treats?

☐ Yes ☐ No

Please indicate how many treats your pet can receive PER VISIT.

☐ ½ to 1 treat ☐ 1 to 2 treats ☐ 3 to 4 treats ☐ No limit ☐ Other

Location where treats are stored, example: pantry or counter

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When does your pet receive their treat, example: after a walk or before.

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Does your pet have a special routine to follow before getting a treat? Example: must sit first

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Does your pet require any of the following when receiving a treat?

☐ Give treats apart from other pets ☐ Supervise while eating treat ☐ Remove treat after so much time  
☐ Dispose of uneaten treat ☐ Not Applicable

Special instructions for treats, example: must eat treat in kitchen or place treats in a bowl

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**Please Read and Initial \_\_\_\_\_**

### **Walking Instructions**

Does your pet require a walk at our visit(s)?

- ☐ Please walk my pet at all visits.  
☐ please walk my pet at least three times per day, otherwise please let my pet in the front yard.  
☐ Please walk my pet at least two times per day otherwise please let my pet in the front yard.  
☐ Please walk my pet at least one time per day Otherwise please let my pet in the yard.  
☐ Please only let my pet into the fence yard. No walks are required.  
☐ My pet is not allowed outside. They use a litter box or a potty pad.  
☐ My pet is an outdoor pet. No walk-through necessary.



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### **Pet Sitting Agreement**

Where do you keep your pet's leash and/or collar?

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Please indicate if we need to avoid specific houses or areas while walking, example: avoid the house on the corner

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Please indicate your pet's walking route, example: walk around the block or walk at least a ½ mile

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Location of pet waste bags

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Does your cat use a litter box or dog use potty pads?

☐ Yes ☐ No

Location of litter box or potty pad, example: laundry room, or spare bedroom

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Location of extra litter or extra potty pads, example: garage or laundry room

How often do you scoop your litter box or change out the soiled potty pads?

☐ Not applicable ☐ Once per day ☐ Three times per day ☐ Every time the potty pad is soiled  
☐ One every other day ☐ Twice per day ☐ Four times per day

Is this paperwork for a bird or small caged pet? If so, please let us know how often we need to clean their cage and the directions to do so. Light cleaning is included in visit cost.



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### **Pet Sitting Agreement**

Where should we dispose of all pet waste? example: trashcan or in basement.

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Please let us know what games and or activities your pet likes to play and/or do.

☐ Belly Rubs ☐ Give kisses ☐ Tug-o-war ☐ Walk ☐ Play with toys ☐ Cuddle ☐ Fetch ☐ Chase  
☐ Run/Jug ☐ My pet does not play games or activities ☐ Other

Does your pet play with toys?

☐ Yes ☐ No

Location of toys, example: living room, or in basket

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Favorite Toys, example: tennis ball or kitty wand

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Please list the commands and words your pet knows, should know, or ones that you would like them to know.

☐ My pet does not know any commands or words ☐ Stay ☐ come or come here ☐ Go poop. ☐ Do your business ☐ Go in the house ☐ Off ☐ Sit ☐ No ☐ Outside or go outside ☐ Go potty or go pee ☐ Good or good dog/cat ☐ Bad or bad dog/cat ☐ Down or get down ☐ Walk or let's go for a walk ☐ Food ☐ Treat ☐ Are you hungry? ☐ Do you want to eat? ☐ Who is here? ☐ Who is at the door? ☐ Move or move over ☐ Ride or do you want to go for a ride? ☐ Lay down ☐ Don't pull or no pull ☐ Drop it ☐ Cookie ☐ Slow down ☐ Walk nice ☐ Heel. ☐ Naughty ☐ Don't touch ☐ Leave it ☐ Other.

Is you pet crated or placed in a restricted area when no one is home?

☐ Yes ☐ No

Please let us know your pet's living situation below. Please note that Fuzzy Friends will not take pets outside off leash unless inside a secured fence.

☐ Not allowed outdoors at all ☐ Kept outside in fence yard all day. ☐ Kept outside in fence all day and night  
☐ Not allowed indoors at all ☐ Allowed on furniture and beds ☐ Allowed on counters and tables ☐ Restrict pets area/crate all day all night ☐ Restrict pet area crate night only ☐ My pet is not restricted and can have access to the entire house ☐ other.

Location of crate, gated off area, or fenced in yard, example: crate in living room



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### **Pet Sitting Agreement**

Please let us know which of the following does your pet NOT like

☐ Bath ☐ Share food dishes ☐ People or other pets near treats ☐ Rain ☐ Loud noises ☐ Thunder  
☐ Hot days ☐ People or other pets near food dish ☐ Nail trims ☐ Cold ☐ Vacuum ☐ Petting Hind End  
☐ Petting near the head ☐ New or strange animals ☐ Humans ☐ Touching ears ☐ Touching feet ☐ Other  
family pets ☐ Strangers ☐ Fragrance sprays ☐ None of the above ☐ Other

Please let us know how your pet reacts to any of the above, example: will bite if touched on the hind end or runs away from strangers

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Has your pet ever done any of the following?

☐ Attack and/or bit someone ☐ excepted from home ☐ Attacked and/or bit another animal ☐ Injured self  
our of boredom/fear ☐ Not Applicable

Please describe the incident(s) even if mild or under extreme or unusual circumstances

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Where does your pet like to escape or hide?

☐ Hides behind or under bed ☐ Hides under tables ☐ Runs out of doors ☐ Hides behind or under couch  
☐ Hide in closets ☐ Runs upstairs ☐ Not applicable ☐ Other

Please indicate how your pet can retrieved, explained: with treats or my pet cannot be retrieved



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### **Pet Sitting Agreement**

Please let us know what temperament and personality describes your pet. Check all that apply.

☐ Calm ☐ Loving ☐ Aggressive, ☐ Shy ☐ Timid ☐ Sweet ☐ Cuddly ☐ Hyper ☐ Scared  
☐ Relaxed ☐ Pushy ☐ Easy-going ☐ Lazy ☐ Fearful ☐ Jealous ☐ Trusting ☐ Crazy ☐ Suspicious  
☐ Spiteful ☐ Aloof ☐ Other

### **Pet Medical Records Requirements:**

**Pets:** Rabies & Flea & Tick Prevention

Kat's Kennels LLC will not provide Pet Sitting for your pet without updated vaccination documentation. Because of tampering, we request that you contact your veterinarian and have them email your pets records to us at Katskennels3@gmail.com.

**Please Read and Initial \_\_\_\_\_**

### **Health Information:**

Please describe any medical or physical conditions, including any medications or allergies.

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Please list names of medication and how often given to your pet.

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Do you give permission for a member of Kat's Kennels LLC to administer the prescribed medication?

☐ Yes ☐ No

Location where Medication is stored, example: cabinet to left of oven

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Has your pet been ill in the last 30 days? ☐ Yes ☐ No

Is your pet displaying any unusual symptoms such as coughing, sneezing, or upset stomach? ☐ Yes ☐ No.

Has your pet ever bitten, attacked or shown aggressive behavior towards people or other pets? ☐ Yes ☐ No.

If yes, explain: \_\_\_\_\_

Has your pet ever been bitten or attacked by another pet, or been abused? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Please describe any behavioral problems, identify any dietary conditions, or other important information we should know:



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### **Pet Sitting Agreement**

#### **Emergency Contact (other than owner)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Kat's Kennels LLC Pet Sitting Policies & Legal Stuff**

**\*\*\* Please Read and Initial Each Section \*\*\***

- 1.\_\_\_\_ Kat's Kennels LLC reserves the right to immediately change your pet's type of Pet Sitting if we believe it is necessary to protect the health and well-being of your pet, other pets, or our staff, and Owner agrees to pay any additional costs associated with the change.
- 2.\_\_\_\_ Owner agrees to pay all costs and charges for special services requested and provide updated vaccination records from your vet before starting Pet Sitting.
- 3.\_\_\_\_ Owner agrees to pay all charges in full to Kat's Kennels LLC before a member of Kat's Kennels LLC leave the owner's home.
- 4.\_\_\_\_ Owner agrees to be solely responsible for any and all acts or behavior of Owner's pet while it is in the care of a member of Kat's Kennels LLC.
- 5.\_\_\_\_ Owner specifically represents that they are the lawful and valid owner of the pet, free and clear of all liens and encumbrances.
- 6.\_\_\_\_ Owner specifically represents that the pet has not been exposed to rabies or distemper within 30 days prior to Pet Sitting.
- 7.\_\_\_\_ If the pet becomes ill or if the state of the animal's health otherwise requires attention, Kat's Kennels LLC at its sole discretion, is authorized to engage the services of a veterinarian or arrange for other requisite attention to the animal up to and including \$500.00. If a veterinarian determines that emergency treatment, which Exceeds the authorized amount, is needed to save the animal's life or quality of life, and we cannot reach you or the Emergency Contact, we may authorize the veterinarian to perform the emergency treatment. Owner agrees to be responsible for all veterinary costs provided to your animal.
- 8.\_\_\_\_ It is expressly agreed by Owner and Kat's Kennels LLC that Kat's Kennels LLC liability in no event exceeds the lesser of the current chattel value of a pet of the same species or the sum of \$200.00, whichever is less.



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### **Pet Sitting Agreement**

9. \_\_\_\_ Owner agrees to release, indemnify, and hold harmless Kat's Kennels LLC from any and all manner of damages, claims, loss, liabilities, costs or expenses, including reasonable attorney's fees and related costs, arising out of or related to Kat's Kennels' LLC services, except which may arise from the gross negligence or intentional and willful misconduct of Kat's Kennels LLC, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to Kat's Kennels LLC (ii) your pet, including but not limited to destruction of property, animal (pet) bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.

10. \_\_\_\_ Owner warrants and represents that Owner's pet is not a "show pet" and does not participate in any pet shows. Owner further represents that Owner generates no revenue or income from the pet's performance. Owner does not intend, plan or anticipate that its pet will generate revenue or income in the future.

11. \_\_\_\_ This Agreement shall be governed by and construed in accordance with the laws of the State of Virginia. Each party consents to the exclusive personal jurisdiction of the state and federal courts of the State of Virginia. Owner and Kat's Kennels LLC must negotiate and mediate in good faith prior to either party filing a cause of action.

12. \_\_\_\_ Force Majeure. Neither Owner nor Kat's Kennels LLC shall be responsible for failure or delay in performing its duties under this Agreement if such failure or delay is due to tornados, thunderstorms, fire, floods, drought, riot, war or other acts of nature.

13. \_\_\_\_ Words "you" and "your" refers to the Owner. Conversely, "We" and "our" refers to Kat's Kennels LLC. Owner and Kat's Kennels LLC may collectively be referred to as "the parties", and singularly as a "party".

14. \_\_\_\_ Entire Agreement. This agreement, and any addendums attached, constitutes the entire agreement between the parties. All terms and conditions of this agreement shall be binding on the heirs, agents and assigns of Owner and Kat's Kennels LLC.



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### **Pet Sitting Agreement**

#### **Waiver of Liability and Assumption of Risk Agreement Use of Premises**

Waiver: In consideration of my use of the premises of **Kat's Kennels LLC**, I for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue **Kat's Kennels LLC**, it's trustees, directors, officers, employees and agents from liability from any and all claims including negligence of myself \_\_\_\_\_ and/or my pet \_\_\_\_\_ resulting in personal injury, accidents, or illnesses (including death) and property loss arising from use of premises.

Assumption of Risk: **Pet Sitting** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I have read the previous paragraphs, and I know and understand and appreciate these and other risks are inherent in the activity I am participating in. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless **Kat's Kennels LLC**, its trustees, directors, officers, employees and agents from any and all claims, actions, suits, costs, expenses, damages and liabilities including attorney fees as a result of this use of premises.

Sever-ability: The undersigned further expressly agrees that the forgoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.



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### **Pet Sitting Agreement**

#### **SOCIAL MEDIA AND WEB RELEASE FORM**

**Kat's Kennels LLC** has web. and social media accounts to be used as a space where we share photos and videos of our daily activities. Please fill out the form below indicating if you approve or disapprove of your pets being featured on our social media or web. pages.

\_\_\_\_\_ Yes! I give my permission for my pet's photography/video to be featured on the social media sites or web pages. You will receive 1 picture and 1 video during your pets stay with us.

\_\_\_\_\_ No, I do not give my permission for my pet's photography/video to be featured on the social media sites or web pages and forgo receiving pictures and videos during my pet's time at Kat's Kennels LLC.

Please provide your three favorite songs and/or artist for your pet's video.

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How did you hear about us?

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#### **Business hours, drop off or pick up, parking, & no call/no shows**

Business hours are Monday-Friday 6:30am-8:30pm and Saturday-Sunday 8:00am-8:00pm.

We are only available from 6:30 AM to 7:30 AM, 12 PM to 8 PM by appointments only. Available time in the morning would be 6:30 AM to 7:30 AM by appointment. We are providing time for all pets at Kat's Kennels LLC. We are working with our dogs from 8 AM to 12 PM.

If you come into the parking lot, please park horizontal where the parking bumpers are place. We had a situation where customers were arguing for parking. We don't want this to happen again, please park horizontal.

If you need to cancel any of our services for any reason, please call us or cancel in advance. Because of the number of no call/no-shows. We are starting a non-refundable one-night boarding booking fee, if you keep your appointment, we'll deducted your booking fee end of service.

**Please Read and Initial \_\_\_\_\_**

#### **OWNER ACKNOWLEDGES AND AGREES TO THE ABOVE INFORMATION:**

**We accept cash, checks, & credit card with 4% Surcharges, and Please make all checks payable to Kat's Kennels LLC**

Owners Name: (Print) \_\_\_\_\_ Pet's Name: \_\_\_\_\_

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