



Whistling Dixie Pet Sitting Agreement and Liability Release

Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Text Y/N Email: _____

We require that you provide us with 1 working key. One key is assigned to the sitter and is kept in the office safe. We do this in case a sitter falls ill.

Alarm deactivation code: _____ Activation Code _____

Alarm Company Name: _____ Phone Number _____

Password _____

**Please notify your Alarm company that we are authorized to enter your property. You can also provide us with our own Alarm Code and Password. Your company should be able to walk you through the process. We prefer that we have our own code and password.

Please list anyone else with access to your home with a key:

Name _____ Phone _____

Name _____ Phone _____

Release of Liability - Acknowledge and fully understand that pet care involves risks including, but not limited to, the escape of the pet(s), property damage, and serious injury, permanent disability, and/or death of the pet(s) from the natural causes, the acts of said pet(s), the acts of other pet(s) and/or the acts of others. These risks may result in action, inaction, or negligence. Further, there may be other risks not known, or not reasonably foreseeable, including but not limited to disability or death.

I Understand that visit times are approximate and subject to change based on the needs of all pets under Whistling Dixie Farms' care. I entrust Whistling Dixie Farms LLC to use best judgment in caring for my pet(s), including, if necessary, arranging for a back-up pet sitter to take over duties as outlined in this agreement. I agree to hold Whistling Dixie Farms LLC harmless for consequences related to such decisions. Understand that animals are unpredictable and that Whistling Dixie Farms LLC cannot be held responsible for mishaps including, but not limited to, any pet(s)'s refusal to take medication, escaping, biting, eating or destroying household items, damage to the inside or outside of the home, and personal injury or accidental death. I Understand that in the event of inclement weather, natural disaster, or emergency, the designated pet sitter is entrusted to use his or her best judgment in caring for my pet(s). Neither the pet sitter nor Whistling Dixie Farms LLC shall be held responsible for consequences related to any of his or her decisions. I Agree that I shall be solely responsible for any and all acts of and behavior of my pet(s) while in the care of Whistling Dixie Farms LLC.

I Agree that I am responsible for any injury caused by any condition of my property. I Agree that if a problem arises such as a pipe rupture, flood, earthquake, fire, break in, animal destroying a fence, etc., Whistling Dixie Farms LLC will make every effort to contact me and follow my instructions. If I cannot be reached, or immediate action is necessary for the health, safety, or welfare of my pet(s), I authorize Whistling Dixie Farms to make any repairs that it deems necessary. I further agree to reimburse Whistling Dixie Farms for all expenses incurred for repair of property and to hold Whistling Dixie Farms harmless for any repairs.

I Understand that each waiver or excuse shall be independent of all others. Therefore, if a term or provision is waived or breach is excused, that waiver or excuse shall not waive any other term or provision or excuse any other breach.

Camera Policy - I understand and agree that Whistling Dixie Farms' agents (sitters) have a reasonable expectation of privacy at certain areas on my property. As such, no device(s) will record anything done or said in any bathroom(s) or shower(s) on my property. In addition, when Whistling Dixie Farms agents (sitters) are inside of a structure on my property, there will be no audio recording therein and no recording of any kind in any area where I have agreed to let said agent (sitters) sleep (i.e., their assigned bedroom(s),

Agreement Terms -I Understand that Whistling Dixie Farms reserves the right to terminate this agreement at any time before or during its term if Whistling Dixie Farms determines that my pet(s) pose(s) a danger to the health or safety of others. If Whistling Dixie Farms decides to terminate this agreement, Whistling Dixie Farms will attempt to notify me of the problem immediately. I agree to

indemnify, defend, and hold Whistling Dixie Farms LLC harmless from and against any and all losses, liabilities, damages, fines, penalties, and expenses (including attorneys' fees and other costs of defense) arising from or resulting from any breach of the representations, warranties, covenants, or duties contained in this agreement or otherwise arising out of damage or injury caused by my pet.

Owners Signature: _____ Date: _____

EMERGENCY - I hereby designate the following person(s) to take physical possession of my pet(s) in the event of an emergency, or my incapacity or my death: ****PLEASE DO NOT PUT YOURSELVES HERE, EVEN IF YOUR CONTACTS ARE LOCATED OUT OF TOWN, PLEASE PUT DOWN 2 DIFFERENT CONTACTS.** Primary Emergency Person:

Name(s): _____ Address: _____
_____ City/State/Zip: _____ Home
Phone: _____ Work Phone: _____ Cell Phone:
_____ Email: _____

Backup Emergency Person:

Name(s): _____
Address: _____ City/State/Zip _____ Home
Phone: _____ Work Phone: _____ Cell Phone:
_____ Email: _____

Veterinary Release & Pet Information

Client Name: _____

All dogs are required to have proof of rabies. If any of the pets named above becomes ill or is injured, I request that Whistling Dixie Farms transport the pets to:

Primary Veterinary Office Name: _____
Address: _____ Phone Number: _____
Alternate Veterinary Office Name: _____
Address: _____ Phone Number: _____

I give permission to Whistling Dixie Farms LLC to approve treatment up to \$ _____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. In addition, I understand that I will be responsible for payment of the extra time and transportation as needed to provide such services. If neither of the veterinary offices named above is available, I authorize Whistling Dixie Farms to take/transport my pets to a veterinary office of their choice. I understand that Whistling Dixie Farms cannot be held responsible for the results of the veterinary treatment or the loss of my pet. I Represent and warrant that all known medical and behavioral history of my pet(s) has been disclosed to Whistling Dixie Farms. I specifically represent that my pet(s) has/have not been exposed to Rabies or Distemper within thirty days immediately prior to pet sitting. I further represent that my pet(s) is/are current on all vaccinations. This agreement is valid starting on the date below, when Whistling Dixie Farms will begin caring for my pets:

Owners Signature: _____ Date: _____

FOR OLDER/SICKLY PETS (FILL OUT THIS SECTION)

In the event of the death of a (pet's name) _____ while out of town, I authorize that whistling dixie farms on my behalf make the following arrangements:

Disposition _____

Veterinary or Designated Facility _____

Address: _____ City _____ State _____ Zip _____ You can leave a credit card sealed in an envelope in your home or taped on the refrigerator in the case of an emergency. Vets will only take physical credit cards or payment over the phone. Please evaluate if you take a trip and you are not reachable, so we are able to take care of your pet(s) for you.

Owners Signature: _____ Date: _____

Pet Information:

Pet Name _____

Type of Pet _____

Breed _____

Age _____

Sex _____ Spayed/Neutered? _____

Feeding: What kind of food/s does your pet eat? _____

When does your pet eat? _____

Where is the food kept? _____

Special feeding instructions: _____

Medication: Is your pet on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept

Please answer the following brief questionnaire about your pet. It will help us to better care for him/her. Please circle (if question doesn't apply to your pet, just cross off):

Cats:

Uses the litter box Yes/No

Declawed: Yes/No

Dogs:

Is friendly with other dogs Yes/No

Is allowed in the house Yes/No

Tries to escape Yes/No

Likes to be petted or held Yes/No

Is prone to digging or chewing Digging: Yes/No

Allergies Yes/No

Is fearful of noises or other things Yes/No

Obeys basic commands Yes/No

Has bitten people or other pets Yes/No

Has shown other aggression Yes/No List: _____

Separation Anxiety Yes/No

Urinating or Defecating in the house Yes/No

Other (please explain):

Does your pet have a favorite game or something that they enjoy doing?

Does your pet have a favorite hiding place?

Where do you keep your collar and leash?

Does your pet need a special harness or choke collar for walks?

Pet Sitting Assignment Information

Date of first visit: _____ Date of last visit: _____

Number of visits per day: _____ Total Number of visits: _____

Type of Service: Pet Sitting _____ Overnight _____ Dog Walking _____ Bird sitting _____

cost per visit _____ total weekly cost _____

Additional duties (please circle those you would like to request):

Bring in mail/papers Water Plants Put Out Trash/Recycles (indicate day of pickup) _____

Other: _____

Where can we reach you other than your cell phone?

(Hotel/Relative, etc)

Address: _____ Phone number(s): _____

Email: _____

We always verify that you have returned from your trip. Please indicate how you would like us to contact you or if you will be calling us when you return.

Would you like us to contact you regularly during the visit? YES/NO

If you do want us to contact you, please explain the method and how often:

I agree that I have requested Whistling Dixie Farms LLC to take care of my pet(s). I agree to pay the charges for the services provided as outlined in this agreement. I agree that an extra fee will be charged if Whistling Dixie Farms or its agents (sitters) need to take my pet for emergency services, in addition to treatment as outlined in Veterinary Instructions and Release Form.

I understand that payment is due 24 hours after the final visit and can be paid by cash, check, money order, Venmo or through PayPal. I agree to be responsible for any and all attorneys' fees or other costs incurred by Whistling Dixie Farms LLC in the recovery of unpaid fees. I will be responsible for all fees as a result of check returned "insufficient funds".

CANCELLATION POLICY I understand i must give written cancellation notice within 24 hours prior to the first agreed visit or i will be charged 50% of the total cost of the agreement.

Owners Signature: _____ Date: _____

Social Media/Photography Consent

I do/do not give Whistling Dixie Farms LLC permission to photograph my animal(s)

I do/do not give Whistling Dixie Farms LLC to post photographs of my animal(s) to social media and or website

Owner's Signature _____ Date _____