



MUDDY PAWS PET CARE

Day Visits/In-Your-Home Overnight Pet Sitting

TODAY'S DATE: _____

PET NAME(S): _____

CLIENT INFORMATION			
Client(s): #1 _____ #2 _____		How did you hear about us?	
Address: _____		City: _____	State: _____ Zip: _____
Email address #1: _____		Email address #2: _____	
Cell Phone #1: _____		Cell Phone #2: _____	

HOME CARE INFORMATION												
COURTESY SERVICES	Bring in mail	News-papers	Alter lights	Blinds/Shades	Water indoor plants	Water outdoor plants	Bird feeders	TV/Radio	Litter box	Other	Recycling/Garbage	Additional notes/comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#1 PET INFORMATION			
Pet's Name: _____		Age: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Type of Pet: _____	Breed/Color/Weight: _____		Current Vaccinations: Y <input type="checkbox"/> N <input type="checkbox"/>
Vaccinations on record with your current veterinarian? Y <input type="checkbox"/> N <input type="checkbox"/> (Please include a copy of current vaccinations.)		Flea/Tick/Heartworm treated: Y <input type="checkbox"/> N <input type="checkbox"/>	Is pet micro-chipped: Y <input type="checkbox"/> N <input type="checkbox"/>
Separation Anxiety: Y <input type="checkbox"/> N <input type="checkbox"/>		What helps with the anxiety?	
How long have you had your pet?		Was your pet a rescue: Y <input type="checkbox"/> N <input type="checkbox"/>	Was your cat ever feral? Y <input type="checkbox"/> N <input type="checkbox"/>
Feeding Instructions (amounts, times per day, etc.): _____		Is your pet potty-trained? Y <input type="checkbox"/> N <input type="checkbox"/>	
Health Concerns/Food Allergies: _____		Does your pet "mark"? Y <input type="checkbox"/> N <input type="checkbox"/>	
Medications: _____		Is your pet allowed on furniture? Y <input type="checkbox"/> N <input type="checkbox"/>	
Quirky Behaviors: _____		Is your pet crate trained? Y <input type="checkbox"/> N <input type="checkbox"/>	
Where does your pet sleep at night?		Does your pet chew? Y <input type="checkbox"/> N <input type="checkbox"/>	

#2 PET INFORMATION			
Pet's Name: _____		Age: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Type of Pet: _____	Breed/Color/Weight: _____		Current Vaccinations: Y <input type="checkbox"/> N <input type="checkbox"/>
Vaccinations on record with your current veterinarian? Y <input type="checkbox"/> N <input type="checkbox"/> (Please include a copy of current vaccinations.)		Flea/Tick/Heartworm treated: Y <input type="checkbox"/> N <input type="checkbox"/>	Is pet micro-chipped: Y <input type="checkbox"/> N <input type="checkbox"/>
Separation Anxiety: Y <input type="checkbox"/> N <input type="checkbox"/>		What helps with the anxiety?	
How long have you had your pet?		Was your pet a rescue: Y <input type="checkbox"/> N <input type="checkbox"/>	Was your cat ever feral? Y <input type="checkbox"/> N <input type="checkbox"/>
Feeding Instructions (amounts, times per day, etc.): _____		Is your pet potty-trained? Y <input type="checkbox"/> N <input type="checkbox"/>	
Health Concerns/Food Allergies: _____		Does your pet "mark" inside? Y <input type="checkbox"/> N <input type="checkbox"/>	
Medications and Dosages: _____		Is your pet allowed on furniture? Y <input type="checkbox"/> N <input type="checkbox"/>	
Quirky Behaviors: _____		Is your pet crate trained? Y <input type="checkbox"/> N <input type="checkbox"/>	
Where does your pet sleep at night?		Does your pet chew? Y <input type="checkbox"/> N <input type="checkbox"/>	

MORE PETS or MORE INFO?	PLEASE USE THE BACKSIDE OF THIS FORM TO COMPLETE PET'S INFORMATION or ADD MORE PETS.	
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DOG WALKING SERVICES

Command used to go potty: _____

Does your dog come when called? Y N Does your dog know his/her name? Y N

How does your dog walk on a leash? Does your dog "pull?" _____

How does your dog react around other dogs, cats or small animals? (Please include mealtime, walks, socially.) _____

LOCATION OF IMPORTANT ITEMS

Item	Location
Leash/cat carrier/crate/bags:	
Pet food and treats:	
Cleaning supplies:	
Disposal of litter box contents:	
Thermostat:	Breaker box:

PET BEHAVIOR AND SAFETY OF PET SITTER

_____ (initial) I certify that my pet has not harmed or shown aggressive or threatening behavior toward any person or any other animal. If unsigned, please explain:

PLEASE INDICATE ANY BEHAVIOR THAT THE PET SITTER SHOULD BE MADE AWARE OF IN ORDER FOR THE PET SITTER TO BE SAFE AT ALL TIMES: (For example: Cat will bite if tummy is rubbed; or, dog growls if you try to take away his toy.)

Y N HAS YOUR DOG EVER BEEN IN AN ALTERCATION WHERE YOUR DOG OR THE OTHER DOG WAS INJURED?
PLEASE EXPLAIN: _____

TRIPS TO PARKS/HIKES/OTHER?

Yes No _____ (initial) MUDDY PAWS PET SITTER HAS OWNER'S PERMISSION TO TRANSPORT PET TO PARKS/TRAILS FOR LEASHED HIKES. All dogs will be leashed on hikes and will be covered under Muddy Paws' insurance.

OTHER: _____ OWNER'S INITIALS: _____

CLIENT KEYS

Muddy Paws prefers to keep *two sets* of Client keys on file to simplify arrangements for future visits. One set will be kept in a home office safe, and the other set will travel with the pet-caregiver. If you do not release two sets of keys and a locksmith is obtained due to a lock-out, loss of key, or key breaks, you are fully responsible for the fees rendered by a locksmith. If you prefer, you may release one key and share with pet sitter the location of a hidden key outside the house.

Please initial one of the following (You must initial one of the following statements for this contract to be valid):

_____ I release two sets of keys, or one key if there is only a deadbolt.

_____ I release one set of keys and have shared with pet sitter the location of a hidden key or will give Garage/House Keypad Code: _____.

_____ I release one key and am fully aware that it is my responsibility to pay for all fees associated with obtaining a locksmith so that the pet service agreement may not be compromised while I am away.

Also, please initial one of the following:

_____ I release my house keys to Muddy Paws to retain on file. I may revoke this release at any time, at which time my keys will be returned.

_____ I would like Muddy Paws to return my house keys after the current service is completed. _____ I understand there is a \$10 fee for Muddy Paws to make an extra trip to return keys post service. (Please include in payment.)

If keys are to be left post last scheduled visit in or near the client's home, or with neighbor, please indicate: _____

Note: It is not advised for owner to direct Muddy Paws to leave key locked inside house in the case that client incurs a delay in return and pet sitter cannot get back inside the house without a locksmith to extend the date of service.

DO ANY NEIGHBORS HAVE A KEY TO YOUR HOME IN CASE OF SEVERELY INCLEMENT WEATHER? Y N

If so, please provide name/phone/email: _____

**Please Note: If anyone else has access to your home while the pet sitting job is being performed (other than for an inclement weather situation), Muddy Paws can assume no liability for any damages or losses to your home or pet(s).*

CAMERAS/ALARM SYSTEM IN YOUR HOME?

Yes No **CAMERA LOCATIONS:** _____

Yes No **ALARM SYSTEM** Access Code: _____ Alarm Instructions: _____

ARRANGEMENTS FOR PET SIT SITTER FOR OVERNIGHT IN-HOME SITTING

Location of Bed:	Linens/Towels:
Instructions for Bedding/Towels post stay:	
Indicate what Pet Sitter may use: TV: Y <input type="checkbox"/> N <input type="checkbox"/> W/D: Y <input type="checkbox"/> N <input type="checkbox"/> Dishwasher: Y <input type="checkbox"/> N <input type="checkbox"/> Fridge: Y <input type="checkbox"/> N <input type="checkbox"/>	
Wifi:	Password:

EMERGENCY CONTACT INFORMATION

1) Name:	Email:	Cell:
Address:		Relationship:
2) Name:	Email:	Cell:
Address:		Relationship:

MEDICAL EMERGENCY SERVICES

Veterinarian's Name/Clinic:	Phone:	Address:
Please describe any known medical or physical problems, including allergies:		
<p>Emergency Medical Care. If, in our judgment, your pet requires immediate medical care and we are unable to reach you, we will take your pet to a veterinarian or animal hospital.</p> <p style="text-align: center;">*YOU MUST INITIAL AND CHECK 'Yes' FOR THIS FORM TO BE VALID*</p> <p>Yes <input type="checkbox"/> Initial _____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet, and you release Muddy Paws, and its employees ("Muddy Paws") of and from any and all responsibility for claims, damages, and/or debts arising out of or related to such medical care including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.</p> <p>If owner and the emergency contact person(s) cannot be reached to approve medical assessed fees, please indicate if there's a limit/no limit on medical expenses, and initial. Yes <input type="checkbox"/> \$ _____ Initial _____ No Limit <input type="checkbox"/> Initial _____</p>		

TERMS & CONDITIONS

The parties herein agree as follows:

1 In the event of early return, Client must notify Muddy Paws promptly to avoid being charged for unnecessary visits.

2 Services agreed upon with Muddy Paws:

<input type="checkbox"/> in-home overnight care (1-4 pets)	\$75 per 24 hours or less/night; \$40 partial last day: over 6 hours \$3 per add'l pet per day (several chickens or a couple of guinea pigs count as one) \$10 holiday surcharge per day: Easter, Memorial Day, July 4 th , Labor Day (day before, day of, and day after), Thanksgiving (Wed-Sun), Christmas/New Year (Dec 24-Jan 1) \$10 puppy fee (10 months and younger) per day \$3 travel fee if more than 5 miles from sitter's location, per day
<input type="checkbox"/> daily visits/walks	\$18 25-30 minute visit (1 dog; 1-3 cats) \$30 55-60 minute visit (1-2 dogs; 1-3 cats) \$3 per add'l dogs/cats per visit or other pets; several chickens or a couple of guinea pigs count as one \$5 holiday surcharge per visit (see holiday schedule above) \$3 travel fee is more than 5 miles from sitter's location, per visit

3 *All payments must be paid on or before the first day of service.*

Acceptable forms of payment for services rendered by Laura Kesten: cash, check payable to Muddy Paws, or Venmo: laura-kesten. For all other Muddy Paws Pet Sitter Associates, cash or check payable to the individual pet sitter: Carol Mizera, Ana Rodriguez-Reiner, Celina Chauvin, Lauren Babcock, Denise Furst, Yair Maoz, Link Talley, Misty Flett, Laura Diamond, Calah Feuerstein, Claire Callicott-Simmons, Ellie Scheu.

TERMS OF CONTRACT

Please read carefully and initial each section in order for this contract to be valid for all services from the date of first service and for all future services rendered by Muddy Paws, or until contract is terminated by either party.

_____ (initial) **Muddy Paws** agrees to exercise due and reasonable care in the execution of the services provided to the Client. If the animal(s) becomes ill while under our care, you will be notified at once. If you cannot be reached, we will attempt to notify the emergency contact. If the animal’s condition requires immediate action, we have the right to notify the veterinarian listed on the information sheet. If we cannot contact the listed veterinarian, we have the right to call a veterinarian of our choice and/or transport the animal to a veterinarian in either case. All veterinarian’s fees are payable in full by you.

_____ (initial) In addition, **Muddy Paws** shall not be responsible for the pet’s welfare when it will not return to the house or enclosure if we have been instructed to let the pet out for exercise. The fee owed under this agreement shall be earned and payable even though we are unable to perform the services because of the animal’s behavior (running off, vicious behavior, etc.) if we have made a reasonable effort to perform the necessary service.

_____ (initial) **Muddy Paws** shall not be responsible for the injury or death of any animal(s), except in those instances where we have been guilty of willful or wanton negligence in the performance of our services.

_____ (initial) **Muddy Paws** is not responsible for damages and expenses resulting from chewing, scratching and/or multiple accidents at the client’s home. Furthermore, **Muddy Paws** has authority to treat any problems which arise in the best possible way deemed by the **Muddy Paws** pet sitter, and the client assumes full financial responsibility for any and all expenses involved.

_____ (initial) ***In the case whereby the pet sitter is injured by the client’s pet, the client is responsible for all medical expenses.*** Client agrees to indemnify, hold harmless and defend the pet sitter.

_____ (initial) We sometimes job share with other Muddy Paws pet sitters which will, in most cases, be arranged prior to Client’s departure. Also, in the event of personal emergency or illness of pet sitter, Client authorizes **Muddy Paws** to arrange for another qualified, insured and bonded, **Muddy Paws** pet sitter to fulfill responsibilities set forth in this contract. Every attempt will be made to notify Client of such situation.

_____ (initial) If you return from your trip early, you must notify us immediately. If you do not notify us and the sitter arrives for the next scheduled visit, then you will be charged for that visit at the set rate. Client understands that this contract also serves as an invoice and takes full responsibility for prompt payment.

_____ (initial) **Muddy Paws** retains the right to terminate this contract at any time before or during its term if **Muddy Paws**, in its sole discretion, determines that a danger exists to the health or safety of the Pet Sitter. If concerns prohibit pet sitter from caring for pet, Client authorizes pet to be placed in a kennel with all charges therefore to be charged to Client. Every attempt will be made to notify Client regarding such situation.

_____ (initial) Client authorizes this signed contract to be a valid approval for future services of any purpose provided by this contract permitting **Muddy Paws** to accept telephone reservations for services, and to enter premises without additional signed contract or written authorization.

I certify that I have read and understand the policies of Muddy Paws as set forth in this Service Contract. I agree to its content:

Client Signature _____ Date _____

Muddy Paws agrees to permanently keep your Service Contract on file for current and all future services provided. It is recommended that you make a copy for your personal files.