



THE DIRTY DOG PET SERVICES, LLC

Pet Sitting Service Contract

Interview Appt.: _____

CLIENT INFORMATION

Name: _____ Referred by: _____

Address: _____

Total # of Pets in the Home: ____ Dogs ____ Cats ____ Birds ____ Fish ____ Cage Pets ____ Other (please list) _____

Contact Information

Home Phone: _____ Work Phone: _____ E-mail: _____

Cell Phone: _____ Can you accept text messages: Yes No If yes, would you like to receive photos of your pet(s) via text during your absence? Yes No (additional fees apply)

Contact Preference/In Town: Home Phone Cell Work E-mail Text

Contact Preference/While Away: Home Phone Cell Work E-mail Text

In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?

Name & Address: _____ Phone: () _____

Travel Information (if applicable):

In the event that you cannot be reached by your cell phone and/or email, please provide your out-of-town lodging information below.

Hotel/where you will be staying: _____

Phone: () _____ (We MUST have a telephone number or way to reach you.)

Date & hour leaving town: _____ Date & hour returning: _____

Means of travel: Car Plane: Flight/Carrier _____ Other _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call in the event you are unreachable during an emergency?

(Name, address and phone number.)

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that we have been given their contact information.

Name: _____ Phone: () _____

Please note: PET-SITTING ASSIGNMENT SPECIFICATIONS section below will be completed by the pet sitter at the initial consultation.

PET-SITTING ASSIGNMENT SPECIFICATIONS

Summary of Scheduled Visits:

Day or Dates	No. Visits Per Day	Pet's Name	A.M. Diet	P.M. Diet	Daily Exercise	Daily Medications	Restrictions

Pet Care Information:

Pet's Name	Description (Color/Breed)	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	ID Tag? Yes/No	Favorite Toys/Special Treats

S/N* — Spayed or Neutered

Location of Food/Water Dishes: _____

Pet Food/Treats Located: _____

Leash Located: _____

Leash Requirements or Restrictions (if applicable): _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal? _____

Indoor "Accident" Cleanup and Disposal? _____

Litter Box Location(s): _____

Disposal of litter box contents? _____

Please note: A separate Pet Profile information sheet should be completed for each pet in the home.

Additional Instructions:

What parking is available for the pet sitter? _____

Are there any rooms that are off limits to pets/people? _____

If necessary, does the pet sitter have permission to use your restroom? Yes No

Other pet duties (any additional requirements or tasks to be completed for the pets during assignment): _____

Home-Care Information:

KEY(S) RECEIVED AND TESTED

Locksmith Clause: In the event that Pet Sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

KEY RETURN: In Person, \$_____ Left On Final Visit Returned By Mail Other _____ Garage Door Opener*

*We must have a house key if garage door opener is used for home access.

Is it possible others may be at the home when the Pet Sitter arrives to the home (cleaning service, etc.)? If so, please list below.

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? Yes No Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Are security cameras in use at the home? Yes No

Day or Dates	Bring In Mail	News-papers	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Bird Feeder	TV/ Radio	Litter Box S/C*	Answer Phone	Recycling/ Garbage Disposal	Pick-up Time

S/C* S=Scoop C=Clean and Replace Litter

Additional Instructions/Comments: _____

In the event the pet sitter arrives to the home to discover the electricity is off, pipe is broken, etc., what should the pet sitter do?

- Contact owner (Work Cell) Notify emergency contact
- Contact electrician, plumber, etc. (If checked, provide contact information below.)

Others who have access to home (incl. phone numbers):

Other phone numbers:

Landlord: _____ Maid/Cleaning Service: _____

Plumber: _____ Electrician: _____

Will pet-care responsibility be shared with anyone else during your absence? Yes No

If yes, please give name, address, phone number of other person and details of job sharing arrangement. _____

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, THE DIRTY DOG PET SERVICES, LLC, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and THE DIRTY DOG PET SERVICES, LLC (from this point forward referred to as "TDD" or "Pet Sitter") and will remain in effect until terminated by either party as provided below in Item 9. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Pet Sitter availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, and will make every effort to accommodate all requests. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visit(s).
2. The fee per visit is \$_____. The total number of visits expected during the first scheduled service period is _____. Other assessed fees for the first scheduled service period are \$_____. **TOTAL FEE expected for the first service period is \$_____.** To the extent additional visits are requested or approved by client, or otherwise authorized under this Agreement, such additional visits will be charged at the same per visit rate set out above.
3. Pet Sitter is authorized to perform care and services as outlined on this contract. Both TDD and Client recognize that the welfare of the animal is the highest priority. If in Pet Sitter's judgment additional services become necessary during the service period to properly care for the animal, Pet Sitter will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Pet Sitter is authorized to undertake such additional steps as may in the reasonable judgment of the Pet Sitter be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Pet Sitter to provide care for the animal; (b) consultation with Client's Veterinarian listed above, or with an emergency veterinary care provider should Client's Veterinarian be unavailable; (c) authorizing care and treatment as recommended by Client's Veterinarian or an emergency veterinary care provider (excluding euthanasia) up to a maximum cost of \$_____; and (d) such other steps as may in the reasonable judgment of Pet Sitter be necessary or appropriate for the health and welfare of the animal. Client agrees to be responsible for all fees and expenses incurred for care and treatment of the animal pursuant to this paragraph, and releases and holds Pet Sitter harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Pet Sitter/Company for any expense incurred, plus any additional fees for attending to animal's needs or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather, natural disaster or circumstances beyond our control, e.g. acts of terrorism, etc., Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet Sitter/Company will be held harmless for consequences related to such decisions.
5. TDD agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST PET SITTER/TDD ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/TDD. SHOULD PET SITTER OR ANY AUTHORIZED PERSON ACCOMPANYING PET SITTER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY PET SITTER/COMPANY AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/COMPANY.
6. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of _____% per month will be added to unpaid balances after _____ days. A handling fee of \$_____ will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Pet Sitter. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
7. In the event of personal emergency or illness of Pet Sitter, Client authorizes TDD to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, TDD will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.

TERMS & CONDITIONS (continued)

- 8. All pets are to be currently vaccinated.
- 9. Pet Sitter and Client each may terminate this contract at any time by written notice to the other. Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client’s pets. Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in his/her sole discretion, that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Every attempt will be made to notify Client regarding such situation.
- 10. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Pet Sitter during any service period scheduled by Client and accepted by TDD. Upon such scheduling and acceptance, Pet Sitter/TDD will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone reservations for future visits.

Please note: Due to a pet’s excitement to see us, “door darting” may be attempted by a pet. We take every precaution to prevent this from occurring, but do require that all dogs and cats under our care wear an ID tag (or collar) stating their name and your phone number and highly recommend the microchipping of all pets.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature

Date

Pet Sitter Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS

(Addendum to Pet Sitting Service Contract)

My signature below authorizes THE DIRTY DOG PET SERVICES, LLC to administer medication and/or prescribed treatments to my pet(s)

_____, _____,
_____, _____,
for the period of _____ through _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian, acknowledged below, that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

Client Signature

Date

Veterinarian Signature

Date

Rx Notes and Instructions:

