



MARIA C.V. FORNATARO, Owner & Veterinary Assistant
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CLIENT AGREEMENT & INFORMATION

CLIENT AGREEMENT

Name(s):

Address:

Home Phone: ()

Work Phone: ()

Cell Phone: ()

Email:

Internet Network & Password:

Emergency Contact: ()

Location of Extra Key:

Alarm Deactivation Code:

Alarm Activation Code:

Alarm Company Name:

Alarm Company phone: ()

I agree that I have requested that **Dawg Gone It Pet Sitting Services** take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per Day / Visit: \$

I understand that payment is due at the time of the first Visit/ Day

Owner's Signature:

Date:

Owner's Name (please print) :

SITTING ASSIGNMENT INFORMATION

Date of first Visit / Day:

Date of last Visit / Day:

Number of Visits per day:

Total number of Visits / Days:

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

Bring in mail/ newspapers

Water plants

Put out trash cans/ recycling

Where can I reach you?

Address:

Phone: ()

Email:

Do you want me to verify you have returned on time and continue to Stay/ Visit if I do not hear from you?

YES / NO

Would you like me to contact you regularly during the Stay/ Visit?

YES / NO

If yes, please indicate by what method and when/how often:



A \$25 cancellation fee per Drop-In Visit applies. A 60% cancellation fee for Stay-In Services applies.

The fee is waived if notice is given 48 hrs. prior to Drop-In or 10 days prior to Stay-In services.

