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## You Go We Stay In-Home Pet Sitting Service Contract

### Client & Animal Information

Guardian's Name (& pronouns):	Guardian's Name (& pronouns):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Address:	
Animal's Name:	Species/Breed/Age/Sex:
Notes:	

### Emergency Information

Client's trip location:	Contact information for trip location:
Emergency Contact:	Phone/Email:
Alternate Emergency Contact:	Phone/Email:
Vet Office/ Vet's Name:	Phone/Email:
Vet Address:	
Directions to Vet's Office:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	

## Home Care Instructions

Expecting other visitors while away: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, whom?:
Other key holders to the home:	Key holders know of client's absence?: <input type="checkbox"/> Y <input type="checkbox"/> N
Mail Instructions:	Garbage Instructions:
House Plant Care Instructions:	
Yard Care Instructions:	
Additional House-Related Instructions:	

## Feeding Instructions

Dog's Regular Food:	Amount/ Times of Day:	Additional Notes:
Dog's Regular Treats:	Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treat/ Dietary Restrictions:		

## Health Instructions

Current Medications:	Reason(s) for Meds:		
Medicine:	Amount :	Time:	Notes:
Medicine:	Amount :	Time:	Notes:
Medicine:	Amount :	Time:	Notes:
Additional Health Care Notes:			
Important Medical History:			

## Exercise Instructions

Frequency:	Duration:
Mode of Exercise:	
Exercise Restrictions:	

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## Behavioral Instructions

Known Behavioral Issues:
Known Bite History:
Special Instructions or Notes regarding Behavioral Issues:

## Liability Waiver & Policies

<p>Joan Strong will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dog cared for, including but not limited to interactions with other dogs while on walks. I represent and warrant that I have provided Joan Strong with full and complete, accurate information regarding any bite history and similar incidents or hazardous tendencies of my dog, and that I will update that information if it changes. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify, release, and hold harmless Joan Strong of any and all claims, whether made by myself or others, of injury, expense, costs, or damages caused by the actions of my dog while under Joan Strong care. I have been told by Joan Strong and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to others or myself. Additionally, Joan Strong will act with all due respect and caution in my home in my absence and I hereby agree to indemnify, release, and hold harmless Joan Strong of any and all claims of damages to my home. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. This contract, together with language expressly incorporated into it in writing, is the full and complete agreement between myself and Joan Strong. A complete and accurate copy of this contract is as valid as the original. This contract is made valid by in-person signatures, electronically signed signatures, or upon receipt of a signed, scanned copy by email.</p>
<p>I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by Joan Strong in the event that my regular veterinarian is not available or that closer care is required. I will immediately reimburse Joan Strong for any and all charges related to emergency care.</p>
<p><input type="checkbox"/> I authorize Joan Strong to administer or seek 1<sup>st</sup> aid and resuscitative care for my dog(s) as determined appropriate by Joan Strong and I agree to indemnify, release, and hold harmless Joan Strong for all and any results thereof.</p>
<p><input type="checkbox"/> I DO NOT authorize Joan Strong to administer or seek 1<sup>st</sup> aid and resuscitative care for my dog(s) as determined appropriate by Joan Strong and I agree to indemnify, release, and hold harmless Joan Strong for all and any results thereof.</p>
Notes:

## Payment Information and Agreement

Arrival date & time:	Departure date & time:	
Number of Regular days:	x Rate: \$60	Total Due:

Number of Holiday days:	x Rate: \$75	Total Due:
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<b>Total Due: \$</b>	<b>Paid on Date:</b>
Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover (4% fee on Credit Payments)	
Name on Card:	Signature:
Number:	
Expiration Date:	3-digit code on back of card:
Billing address if different than address above:	

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Guardian	Date	Joan Strong, Pet Sitter	Date
