



PET SITTING AGREEMENT

OWNER INFORMATION

(Owners Name)

(Address)

(Cell number)

(Cell number)

(Email address)

(Emergency Contact person)

(Cell number)

(Cell number)

VACATION INFORMATION

(Name of hotel)

(Location of hotel)

(Phone number)

(Departure/return dates and times)

REQUESTED SERVICES

Time spent	Cost	SERVICE REQUESTED
30-minute visits X2	\$50/day	_____
Overnight stay	\$110/day	_____
Boarding	\$50/day	_____
Additional visit	\$25/day	_____

There will be a travel charge that is applied to the invoice if the pet sitter travels farther than 20 miles to the clients' house. This fee will depend on the distance of travel by the pet sitter to and from the clients' residence daily.

PET INFORMATION

Pet name _____ Breed _____ Age _____

Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

Pet name _____ Breed _____ Age _____

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Pet name _____ Breed _____ Age _____

Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

An additional \$2.50 will be added for each additional pet after the first four animals.

If a medical treatment is needed, such as subcutaneous fluids, insulin injections, assistance with bladder or bowel evacuations, physical therapy, or laser treatments there will be an additional \$5 per treatment per day per pet.

FEEDING INSTRUCTIONS

(Pet name)

Services requested: Medications Bath Nail trimming

(Pet name)

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(Pet name)

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(Pet name)

Services requested: Medications Bath Nail trimming

PET DETAILS

- Is your pet trained? YES NO
- Will your pet chase other dogs/cats/rabbits? YES NO
- Does your pet have separation or anxiety issues? YES NO
- Does your pet whine when left for short periods of time? YES NO
- Is your pet overly aggressive to other pets? YES NO
- Is your pet aggressive to humans? YES NO
- Does your pet have a bite history? YES NO

PET HEALTH INFORMATION

(Veterinary Hospital)

(Phone number)

(Regular veterinarian)

In the case of an emergency the owner(s) will be contacted prior to any medical decision being made. If the owner(s) is unable to be contacted, the sitter will make the best decision based on the situation. If any medical care is necessary, the owner(s) will maintain all responsibility for bills and care upon returning home. There will be an additional charge for transporting the pet and remaining at the clinic with the pet(s) during medical treatment. If the pet does not have a primary veterinarian, Tail Waggon Pet Services will use the closest veterinary hospital as a default clinic.

HOUSE INFORMATION

(Alarm company)

(Alarm code)

(Code name)

(Gate code)

HOUSE CARE SERVICES

- | | | |
|--------------------------|------------------------------|-----------------------------|
| water plants | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| collect mail | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| put out trash | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| clean up yard after pets | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

The above-listed services can be performed while you are gone for an additional fee of \$5 a day. If you would like any of these services performed, please mark them, and discuss them with the sitter.

KEYS

- | | | |
|--------------------|------------------------------|-----------------------------|
| House key tested | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Gate key tested | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mailbox key tested | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If anyone is coming to the house while the owner(s) is gone, please list the dates and times below.

If there are any further instructions or additional information not covered above list below.

Wi-Fi connection _____

Wi-Fi password _____

How did you hear about Tail Waggon Pet Services and Transport?

Do you give Tail Waggon Pet Services and Transport permission to post pictures and videos to social media of your pets? Our clients' names and addresses will never be used, and posts will never be made at the client's location.

YES NO

TERMS AND CONDITIONS

1) Payment is to be made in full upon the day of the owner(s)s return home. Payments can be made via check, electronic payment (i.e., Venmo, PayPal, Apple Pay, QuickBooks) or cash. Delinquent payments will be charged an additional \$50 late fee that will be added to the account every three days until the invoice is paid in full.

2) Refund/cancellation policy - If at any time plans change during the owner's vacation, extending/shortening visits, the changes will be communicated within a reasonable time to allow sitter time to adjust schedule. If this requested communication does not happen there will be additional charges to the account that the owner(s) agree to pay upon return. If a reservation is made and the owner cancels within 48 hours (about 2 days) of the departure date, there will be an additional charge made to the account for the loss of services. During the busy holiday season cancelations must be made 7 days prior to the departure date.

3) We require a deposit to be made at the time of booking and it is nonrefundable.

4) The owner(s) will inform their veterinary clinic that Tail Waggon Pet Services and Transport will be caring for the pet(s) and fill out any necessary paperwork to allow for treatment. The owner(s) will make all necessary arrangements for fiscal responsibility with the veterinary hospital prior to leaving for vacation. If the sitter must pay for any services while the owner(s) is absent the owner(s) agrees to reimburse the sitter in full upon the day of their return.

5) The sitter will agree to provide the owner(s) with all receipts as proof of services provided and requested reimbursement amount. Services can include pet food, transportation, veterinary bills, and any other unforeseen cost.

6) If a medical emergency arises with the pet(s) the pet sitter will make every effort to contact the owner(s) at all the above provided numbers. If time is of the essence the owner(s) authorize the sitter to seek medical services. The pet sitter will attempt to continue to contact the owner(s) and keep them informed of the situation. There will be an additional charge for transporting the pet and remaining at the clinic with the pet(s) during medical treatment.

7) If at any time the sitter has a personal emergency, or a situation arises that prevents them from caring for the pet(s) another sitter will be assigned to take their schedule. This will be communicated with the owner(s) prior to the change.

8) The owner(s) will provide the sitter with updated vaccination certificates for each pet. In the unlikely event the sitter is bitten or incurs any injuries from the pet(s) stated above the owner(s) will take all fiscal responsibility for any medical bills and losses made to the sitter.

9) If there is any issue that prevents the sitter from attending to the pet(s) in a timely manner, inclement weather, traffic, accidents etc., this will be communicated with the owner(s) as soon as possible.

10) In the unlikely event that an issue arises with the house the sitter will attempt to contact the owner(s) as soon as possible. The sitter will follow the instructions of the owner(s) but will not be held responsible for any damage or cost of repairs.

11) In the unlikely event that a pet(s) escapes from the sitter the sitter will not be liable for any issues that arise after. The pet sitter will contact the owner(s) immediately and will do what is necessary to make sure the pet's safety is the top priority.

12) The owner(s) authorizes this signed and agreed upon contract to be used for future services.

(Owner signature)

(Date)

(Pet sitter signature)

(Date)