

Paws & Play Pet Sitting – Client Contract Form (2025-2026)

Client & Pet Care Agreement

2. □ Male □ Female

If you see '*' it is a requirement. Otherwise, use N/A if something does not apply to you.

1. Client Information	on *			
Name:				
Address:				
Phone Number:				
Email:				
Emergency Contact (Nan	ne + Number):			
2. Pet Information	*			
Microchip # is optional.				
Pet Name(s): 1	2	3	4	-
and more (if needed)				
0	2			
Species/Breed: 1	22	3	4	
Age: 123.	4			
Sex:				
1. □ Male □ Female				

3. □ Male □ Female4. □ Male □ Female
Others:
Spayed/Neutered: □ Yes □ No
Microchip #:
3. Veterinary Information *
Vet Clinic Name:
Vet Phone Number:
Preferred Emergency Hospital:
Authorization: please check box or initial
□ I authorize Paws & Play to seek veterinary care for my pet(s) in case of emergency
□ I agree to cover all veterinary costs.
4. Health & Behavior * N/A if doesn't apply.
Medical conditions or medications:
Behavior concerns (fear, biting, reactivity, triggers, etc.):

^{*} Vaccinations Current?

□ Yes □ No (If no, Paws & Play may decline service)
Please prepare and have a copy of vaccine records present during your visit.
5. Service Details *
Service Type:
□ Drop-in Visit
□ Dog Walking
□ Overnight Care
□ Medication Administration
□ Other:
Dates of Service: *
From: To:
From: To: Visit Frequency/Times:
Visit Frequency/Times:
Visit Frequency/Times: □ Morning □ Midday □ Evening
Visit Frequency/Times: □ Morning □ Midday □ Evening
Visit Frequency/Times: □ Morning □ Midday □ Evening
Visit Frequency/Times: □ Morning □ Midday □ Evening (Visits occur within time windows; exact times not guaranteed.)
Visit Frequency/Times: □ Morning □ Midday □ Evening (Visits occur within time windows; exact times not guaranteed.) 6. Home Access *
Visit Frequency/Times: □ Morning □ Midday □ Evening (Visits occur within time windows; exact times not guaranteed.) 6. Home Access * Entry Method:

□ Hidden Key Location:	
Alarm Instructions:	
Others who have access to your home	
Name(s)	
Phone Number(s)	
7. Feeding & Care Instructions *	
Feeding Schedule:	
Medications (If any):	
Walking/Exercise Preferences:	
Allowed Areas in Home:	

8. Policies & Fees Agreement

By signing below, you acknowledge the following:

• Holiday bookings require full payment upfront and are non-refundable.

- Additional fees may apply (travel, last-minute booking, excessive cleaning, aggressive behavior, medications).
- Paws & Play is not responsible for damage or injury caused by undisclosed behavior issues or unsafe home conditions.
- Client must provide accurate information regarding health, behavior, and home access.
- Photos may be taken of pets for updates and business social media unless declined below.
- Pet(s) must have a current Rabies vaccination. (This is the only vaccine that I require).

require).
Photo Permission:
□ Yes, you may share pictures of my pet(s).
□ No, please do not post pictures of my pet(s).
9. Liability Release
I understand and agree that Paws & Play Pet Sitting will use reasonable care, but is not liable for uncontrollable incidents such as animal illness, escape, accidents, or household emergencies not caused by negligence.
10. Signature *
By signing below, I agree to all terms listed in this contract.
Client Signature: Date:
Pet Sitter (Haley):
Date: