

Service(s): \_\_Pet Sitting \_\_Check-Ins \_\_Dog Walking

Year: \_\_\_\_\_

**\*\*Primary Owner\*\***

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Emergency Contact\*\***

Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*\*General Pet Information\*\***

Pet (1) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Pet (2) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Pet (3) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Pet (4) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Behavioral/Aggression (include any/all types, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Walk/Care Routine:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Commands:

SIT \_\_\_ DOWN \_\_\_ HEEL \_\_\_ STAY \_\_\_ LEAVE IT/OFF \_\_\_ OTHER (specify) \_\_\_\_\_

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**\*\*Vet Information & Release\*\***

Veterinarian Clinic: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**\*Does this facility offer emergency care after regular hours? Y / N**

\*IF **NO**, Name preferred emergency veterinary facility:

Emergency Clinic: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office Phone: \_\_\_\_\_

- I understand that in the event of an emergency, Vivian Burnett will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:
  - I authorize Vivian Burnett to seek the appropriate medical care for my pet, in the event of an injury or illness.
  - I understand that every effort will be made to get my pet to my preferred clinic, named on this form, if possible. Though, if Vivian Burnett is unable to get into my preferred clinic, she is permitted to seek medical care at the most convenient clinic.
  - Furthermore, I am aware that I will be responsible for the bill at the time of the visit. I understand that Vivian Burnett will file a claim through her business insurance, and I will be reimbursed if the claim is approved and processed.
  - This release does not have an expiration date and will remain valid for the duration of Vivian Burnett's services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*Pet Services Terms & Conditions\*\***Read & Initial *EACH* term

\_\_\_\_ **1. Pet Sitting Services:** The sitter agrees to perform the pet sitting services agreed to by the sitter and the client. The Client agrees to comply with the terms and conditions of this Contract. If the Client desires to make any changes in accordance with the performance of pet care, the revised instructions must be agreed to in writing or the instructions will be at the sole discretion of the sitter. To the fullest extent permitted by law, the Client releases and holds harmless the sitter for any claim or action arising out of the services provided under this Pet Sitting Contract, unless as a result of gross negligence or willful and wanton misconduct on the part of the sitter. The Client further agrees that the sitter cannot be held liable in the event other persons will be in the Client's home during the sitter's contracted dates of service.

\_\_\_\_ **2. Visit times:** All visits must be scheduled or requested directly through the sitter. The sitter will visit at the times requested by the Client within a 45-minute window. If, however, I am caring for multiple pets, the times may be altered to accommodate all clients. I will do my very best to arrive at the appointed times discussed.

\_\_\_\_ **3. Severe Weather:** During the sitter's initial consult, I will request the name and phone number of a neighbor, or emergency contact, for the purpose of checking on your pets in the event the sitter is physically unable to reach your home due to impassable roads. Your pets' health and well-being is my utmost concern.

\_\_\_\_ **4. Vaccinations/Immunizations:** The sitter requires that all pets have the necessary vaccinations and immunizations before service begins. I may ask to see expiration dates for rabies vaccinations.

\_\_\_\_ **5. Pet Medical Care:** The sitter requires that the Client complete the Veterinary Release Form and provide the sitter with authorization for emergency and/or medical treatment, should the need arise.

\_\_\_\_ **6. Unforeseen purchases:** The sitter will purchase pet food, litter, or other necessary items that are required for the well-being of your pet while you are away. I will retain a receipt and the Client is responsible for reimbursement to the sitter of these items. In addition, a \$20 trip fee will be charged to the Client.

\_\_\_\_ **7. Leashes:** All dogs will be required to be on leash during outdoor walks.

\_\_\_\_ **8. Vet Bill Reimbursement:** In the event of an emergency, whether it be internal illness, injury or bite, the sitter will get medical care immediately. The client is responsible for the vet bill at the time of care. An insurance claim will be made by the sitter (through Pet Care Insurance; [www.petcareins.com](http://www.petcareins.com)) and the client will then receive the reimbursement if the claim is approved and processed.

\_\_\_\_ **9. Indoor/Outdoor Containment of Pets:** The sitter will not be responsible for pets that escape an indoor containment area which is not a permanent fixture of the home (For example, baby gates secured across room doorways) and/or a specifically designed crate for pets. Fenced in yards are wonderful playgrounds for our dogs, but NO fence system is totally secure. The sitter will not accept responsibility or liability for any Client's animals that escape or become lost, injured or deceased. The sitter's standard practice is not to leave my Clients' pets unattended in a fence and/or outdoor enclosure during the contracted dates of service. Exceptions to this policy can be made at the owner's request AND with prior approval by the sitter.

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\_\_\_ **10. Other dogs:** The sitter will not permit your pets to interact with strange dogs. During times in which the sitter is providing exercise for your pets and encounter stray dogs that are off leash, I will do my best to keep interaction at a minimum and move away from them. In the event that the sitter is providing exercise for your pet, the sitter will not be liable and/or responsible for any injury sustained to your pet caused by loose animals.

\_\_\_ **11. Privacy Policy:** The Client's personal information will be kept private and confidential. The sitter highly respects Clients for entrusting me with the care of their home and their loving pets. I recommend that you inform a trusted neighbor that during your absence, the sitter will be caring for your pets and your home.

\_\_\_ **12. Payment:** Payment is due PRIOR to the first visit. The total charges due and payable by the Client are detailed on the Client's invoice. Currently, the sitter accepts payments by credit/debit card, Check, Venmo, PayPal and Cash. There is a 10% penalty for all late payments. Payments are considered late if not received at the time of the first visit.

\_\_\_ **13. Home Security:** It is the client's responsibility to let the Sitter know if there are any cameras inside the home.

\_\_\_ **14. Key Agreement:** The sitter requires a minimum of one key to the Client's home. Any keys retained by the sitter will be kept by the sitter in a safe and secure location. The sitter will only use personal house keys for professional pet service. The sitter is not responsible for keys left out in "hidden" spots. The Client is responsible to ensure that all keys provided to the sitter work properly. Should the sitter be unable to access the Client's home during the contracted service dates due to an inoperable key, the sitter will utilize every resource available to gain entrance in order to ensure the pets' well-being. The Client will be responsible for all costs incurred including but not limited to the locksmith as well as the sitter's time at a rate of \$10 per hour. In the event that one (1) year has elapsed, and the sitter has not been contacted by the Client for additional services, the sitter will destroy the copy of the Client's keys.

By signing, I agree to all terms written above. If I do not agree with any term, I will discuss with the Sitter and come to a compromise, which shall be written and signed on the back of this contract.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_