

PET SITTING SERVICE CONTRACT

K-9 Nannies of San Antonio

8111 Mainland, Suite 104-473, San Antonio, TX 78240

Interview Appt.: _____

CLIENT INFORMATION

Name: _____

Address: _____

Directions: _____

Home Phone: _____

Cell Phone: (210) 412-2212 _____

Can you accept text messages: ☐ Yes ☐ No

Work Phone: _____

E-mail: _____

Referred by: _____

Contact Preference/In Town: ☐ Home Phone ☐ Cell ☐ Work ☐ E-mail ☐ Text

Contact Preference/While Away: ☐ Home Phone ☐ Cell ☐ Work ☐ E-mail ☐ Text

Would you like to receive pet photos via text during your absence? ☐ Yes ☐ No

Client Permission: Allow pet(s) photos to be posted on pet sitting company's social media sites (Facebook, twitter, etc.)? ☐ Yes ☐ No

Travel Information:

Where can you be reached? (Hotel, etc.) _____

Phone: () _____ (We MUST have a telephone number or way to reach you.)

Date & hour leaving town: _____

Date & hour returning: _____

Means of travel: ☐ Car ☐ Plane: Flight/Carrier _____

☐ Other _____

In case of emergency, contact: _____ Phone: () _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?

(Name, address and phone number.)

Name, address and phone number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return: _____

☐ KEY(s) RECEIVED AND TESTED

KEY RETURN:

- ☐ In Person, \$ _____
- ☐ Left On Final Visit
- ☐ Returned By Mail
- ☐ Other _____
- ☐ Garage Door Opener*

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/ Special Treats

S/N* — Spayed or Neutered

Additional Information:

Day or Dates	No. Visits Per Day	Pet's Name	A.M. Diet	P.M. Diet	Daily Exercise	Daily Medications	Restrictions

Additional Information:

Primary Vet Preference: _____ Phone: () _____

After Hours Vet Preference: _____ Phone: () _____

Is your vet aware that you will be using our pet sitting service? ☐ No, will notify ☐ Yes, have notified

Does your pet have health insurance? _____

Does your pet allow you to brush and groom it? ☐ Yes ☐ No

Pet grooming preferences: _____

Has your pet had obedience training? ☐ Yes ☐ No

If yes, commands recognized: _____

Is the cat declawed? If so, ☐ Front & Rear ☐ Front Only

Is the pet microchipped? If so, list chip company, phone # and I.D. # _____

Is there a digital I.D. tag? If so, list company and Web site: _____

How do pets react to your absence from home? _____

How does your pet react toward children and adult strangers? _____

How does your pet react to other pets; e.g. any in-house grumbling or fighting? _____

Are you aware of any reason we should approach any of your pets with caution?

Does your pet have any contagious illness? _____

Does your pet have any physical conditions or problems I need to be alert to? _____

List any special attention these conditions or problems may require: _____

Pet Food/Treats Located: _____

Leash Located: _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal? _____

Indoor "Accident" Cleanup and Disposal? _____

Disposal of litter box contents? _____

Has your pet ever bitten anyone, animal or human? _____

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs, neighborhood issues, etc.)? _____

Are pets secured in home or yard? _____

At what external temperature (low/high) should outdoor pets be brought indoors? _____

PET CARE INFORMATION (continued)

In the event of your pet's death during your absence, what arrangements should be made? _____

Will pet-care responsibility be shared with anyone else during your absence? ☐ Yes ☐ No

If yes, please give name, address, phone number of other person and details of job sharing arrangement. _____

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

HOME CARE INFORMATION

Others who have access to home (incl. phone numbers):

Other phone numbers:

Landlord: _____ Maid/Cleaning Service: _____

Plumber: _____ Electrician: _____

Location of fuse box (and fuses)/circuit breaker: _____ Primary light switches located: _____

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? ☐ Yes ☐ No Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Day or Dates	Bring In Mail	News-papers	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Bird Feeder	TV/ Radio	Litter Box S/C*	Answer Phone	Recycling/ Garbage Disposal	Pick-up Time

S/C* S=Scoop C=Clean and Replace Litter

Additional Instructions/Comments:

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Pet Sitter and will remain in effect until terminated by either party as provided below in Item 9. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Pet Sitter availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, but will make every effort to accommodate all requests. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visit(s).
2. The fee per visit is \$_____. The total number of visits expected during the first scheduled service period is _____. Other assessed fees for the first scheduled service period are \$_____. **TOTAL FEE expected for the first service period is \$_____.** To the extent additional visits are requested or approved by client, or otherwise authorized under this Agreement, such additional visits will be charged at the same per visit rate set out above.
3. Pet Sitter is authorized to perform care and services as outlined on this contract. Both Pet Sitter and Client recognize that the welfare of the animal is the highest priority. If in Pet Sitter's judgment additional services become necessary during the service period to properly care for the animal, Pet Sitter will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Pet Sitter is authorized to undertake such additional steps as may in the reasonable judgment of the Pet Sitter be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Pet Sitter to provide care for the animal; (b) consultation with Client's Veterinarian listed above, or with an emergency veterinary care provider should Client's Veterinarian be unavailable; (c) authorizing care and treatment as recommended by Client's Veterinarian or an emergency veterinary care provider (excluding euthanasia) up to a maximum cost of \$_____; and (d) such other steps as may in the reasonable judgment of Pet Sitter be necessary or appropriate for the health and welfare of the animal. Client agrees to be responsible for all fees and expenses incurred for care and treatment of the animal pursuant to this paragraph, and releases and holds Pet Sitter harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Pet Sitter/Company for any expense incurred, plus any additional fees for attending to animal's needs or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet Sitter/Company will be held harmless for consequences related to such decisions.
5. Pet Sitter agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST PET SITTER/COMPANY ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/COMPANY. SHOULD PET SITTER OR ANY AUTHORIZED PERSON ACCOMPANYING PET SITTER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY PET SITTER/COMPANY AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/COMPANY.
6. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of _____% per month will be added to unpaid balances after _____ days. A handling fee of \$_____ will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Pet Sitter. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
7. In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Pet Sitter will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.

TERMS & CONDITIONS (continued)

8. All pets are to be currently vaccinated.
9. Pet Sitter and Client each may terminate this contract at any time by written notice to the other. Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's pets. Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in his/her sole discretion, that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Every attempt will be made to notify Client regarding such situation.
10. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Pet Sitter during any service period scheduled by Client and accepted by Pet Sitter. Upon such scheduling and acceptance, Pet Sitter/Company will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone reservations for future visits.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature

Date

Pet Sitter Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS

(Addendum to K-9 Nannies of San Antonio Pet Sitting Service Contract)

My signature below authorizes pet sitter,

_____,
to administer medication and/or prescribed treatments to my pet(s)

_____,

_____,

for the period of _____ through _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian, acknowledged below, that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

Client Signature

Date

Client Signature

Date

Rx Notes and Instructions:
