

PET SITTING SERVICE CONTRACT

K9 Nannies of San Antonio LLC

8407 Bandera Road-Suite 103, Box 473, San Antonio, TX 78250

CLIENT INFORMATION

Name: _____

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

Address: _____

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

Directions: _____

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

Home Phone: _____

Travel Information:

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

Cell Phone: _____

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

Can you accept text messages: Yes No

Work Phone: _____

Date & hour leaving town: _____

E-mail: _____

Date & hour returning: _____

Referred by: _____

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

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

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: _____

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 Food/Treats Located: _____

Leash Located: _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal?

Indoor "Accident" Cleanup and Disposal?

Disposal of litter box contents? _____

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.

PERMISSION TO ADMINISTER MEDICATIONS
(Addendum to 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

Veterinarian Signature

Date

Rx Notes and Instructions:
