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					
	Would you like to receive pet photos via text during your absence?					
Directions:	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:					
Cell Phone:	Where can you be reached? (Hotel, etc.)					
Can you accept text messages: □Yes □No Work Phone:	Phone: () (We MUST have a telephone number or way to reach you.)					
E-mail:	Date & hour leaving town:					
	Date & hour returning:					
Referred by:	- Means of travel: □Car □Plane: Flight/Carrier					
	DOther					
	_					
In case of emergency, contact:	Phone: ()					
In case of inclement weather or natural disaster prohibiting tr	avel, is there a nearby neighbor whom we may call to check on your pets?					
(Name,	address and phone number.)					
	ency/organization who would take custody of your pet in the event of a catastrophe or					

□ KEY(s) RECEIVED AND TESTED

KEY RETURN:
In Person, \$
Left On Final Visit
Returned By Mail
Other
Garage Door Opener*

PET CARE INFORMATION

Peťs	Description	Pet	Sex	Pe	ersonality	History of	Current	Collar	Favorite Toys/
Name	(Color/Breed)	Birthday	S/N*		rs/Phobias)	Illness/Biting		Color	Special Treats
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-						-			
L				1			1		S/N* — Spayed or Neutered
Davior	No. Visito	Detia		A N4	DM	Deily	Deily	· ·	1
Day or	No. Visits	Pet's	5	A.M.	P.M.	Daily	Daily	,	Postrictions

Day of Dates	Per Day	Name	Diet	Diet	Exercise	Medications	Restrictions

Vet Preference:	Phone: ()		
Is your vet aware that you will be using our pet sitting service? INo, will notify Yes, have notified	Pet Food/Treats Located:		
Does your pet have health insurance?			
Does your pet allow you to brush and groom it? □Yes □No	Leash Located:		
Pet grooming preferences:			
Has your pet had obedience training?	Cleaning Supplies Located:		
If yes, commands recognized:			
	Outdoor "Accident" Cleanup and Disposal?		
Is the cat declawed? If so, □Front & Rear □Front Only			
Is the pet microchipped? If so, list chip company, phone # and I.D. #	Indoor "Accident" Cleanup and Disposal?		
Is there a digital I.D. tag? If so, list company and Web site:			
How do pets react to your absence from home?	Disposal of litter box contents?		
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 da	ngerous 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? ____

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

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).
- 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 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 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:		