



PET SITTING SERVICE CONTRACT

Interview Appt.: _____

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? Yes No

Directions (if necessary): _____

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.) _____

Home Phone: _____

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

Cell Phone: _____

Date & hour leaving town: _____

Can you accept text messages: Yes No

Date & hour returning: _____

E-mail: _____

Means of travel: Car Plane: Flight/Carrier _____

WiFi password: _____

Other _____

Referred by: _____

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: _____

KEYS MGMT:

- 2 KEYS RECEIVED AND TESTED
- Other _____
- Garage Door Opener*

Locksmith Clause: In the event that Colleen's Critter Sitters is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Colleen's Critter Sitters the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

*We must have a house key if garage door opener is used for home access.

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

Pet's Name	A.M. Diet	P.M. Diet	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 known, 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? _____

Pet Food/Treats Located: _____

Leash Located: _____

Cleaning Supplies Located: _____

Outdoor "Accident" Cleanup and Disposal?

Indoor "Accident" Cleanup and Disposal?

Disposal of litter box contents? _____

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 Colleen's Critter Sitters 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 Colleen's Critter Sitters 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 Colleen's Critter Sitters promptly to avoid being charged for unnecessary visit(s).
2. Assessed fees for the first scheduled service period are:

<u>Service</u>	<u>Item Price</u>	<u>Quantity</u>	<u>Amount</u>
○ In-home visit	\$ _____	_____	\$ _____
○ In-home visit	\$ _____	_____	\$ _____
○ In-home visit	\$ _____	_____	\$ _____
○ In-home visit	\$ _____	_____	\$ _____
○ Walk	\$ _____	_____	\$ _____
○ Hourly Stays	\$ _____	_____	\$ _____
○ Overnight Stay	\$ _____	_____	\$ _____
○ Exclusive Package	\$ _____	_____	\$ _____
○ After hours visit (before 6am or after 9pm)	\$ _____	_____	\$ _____
○ Brush Out	\$ _____	_____	\$ _____
○ Emergency Care	\$ _____	_____	\$ _____
○ Other _____	\$ _____	_____	\$ _____
○ Other _____	\$ _____	_____	\$ _____

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. Colleen's Critter Sitters is authorized to perform care and services as outlined on this contract. Both Colleen's Critter Sitters and Client recognize that the welfare of the animal is the highest priority. If in Colleen's Critter Sitters' judgment additional services become necessary during the service period to properly care for the animal, Colleen's Critter Sitters will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Colleen's Critter Sitters is authorized to undertake such additional steps as may in the reasonable judgment of the Colleen's Critter Sitters be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Colleen's Critter Sitters 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 Colleen's Critter Sitters 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 Colleen's Critter Sitters harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Colleen's Critter Sitters/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.

TERMS & CONDITIONS (continued)

4. In the event of inclement weather or natural disaster, Colleen's Critter Sitters is entrusted to use best judgment in caring for pet(s) and home. Colleen's Critter Sitters/Company will be held harmless for consequences related to such decisions.
5. Colleen's Critter Sitters 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 COLLEEN'S CRITTER SITTERS/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 COLLEEN'S CRITTER SITTERS/COMPANY. SHOULD COLLEEN'S CRITTER SITTERS OR ANY AUTHORIZED PERSON ACCOMPANYING COLLEEN'S CRITTER SITTERS SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY COLLEEN'S CRITTER SITTERS/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 COLLEEN'S CRITTER SITTERS/COMPANY.
6. Client acknowledges that the total balance is due at least one week before the beginning of a scheduled service period. **If paying by check, please make all checks payable to COLLEEN'S CRITTER SITTERS.** Credit card payments can be done in person, or on the client portal through www.ColleensCritterSitters, or via Square (an email will be sent to you). A finance charge of **10%** per month will be added to unpaid balances after **30** days. A handling fee of \$25 will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Colleen's Critter Sitters. 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. _____ (initials)
7. In the event of personal emergency or illness of a sitter through Colleen's Critter Sitters, Client authorizes Colleen's Critter Sitters to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Colleen's Critter Sitters 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.
8. All pets are to be currently vaccinated.
9. Colleen's Critter Sitters and Client each may terminate this contract at any time by written notice to the other. Colleen's Critter Sitters will be entitled to payment in accordance with our cancellation policies in addition to any services reasonably required to provide for the health and welfare of Client's pets. Colleen's Critter Sitters will not terminate during a period of scheduled service unless Colleen's Critter Sitters determines, in his/her sole discretion that a danger exists to the health or safety of Colleen's Critter Sitters. If such concerns preclude Colleen's Critter Sitters 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. **Pet Sitting and Dog Walking Cancellations:** Unless special arrangements are made in advance, Colleen's Critter Sitters requires notice of cancellation 48 hours prior to the first visit. Notice 24 hours prior to first visit will result in 50% of the total invoice for the scheduled service payable by the pet owner. Cancellations made less than 24 hours prior to the first visit will result in 100% of the total invoice for the scheduled service payable by the pet owner. _____ (initials)
11. **Overnight and Exclusive Package Cancellations:** Unless special arrangements are made in advance, Colleen's Critter Sitters requires notice of cancellation 7 days prior to the date of the first visit. Notice provided less than 7 days prior to the first visit will result in 50% of the total invoice for the scheduled service payable by the pet owner. Cancellations made less than 24 hours prior to the first visit will result in 100% of the total invoice for the scheduled service payable by the pet owner. _____ (initials)
12. **Holiday Cancellations:** If you cancel a reservation for a holiday service prior to 7 days before the service, you will be charged for 50% of the total invoice for the scheduled holiday service. If you cancel a reservation for a holiday service within 7 days of service, you will be charged 100% of the total invoice for the scheduled holiday service. _____ (initials)

13. **Early Return Policy:** Unless special arrangements are made in advance, no refunds will be given for early returns once a service has started. If the reservation is modified for an early return prior to the start of the service, the above cancellation policies apply. _____ (initials)

14. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Colleen's Critter Sitters during any service period scheduled by Client and accepted by Colleen's Critter Sitters. Upon such scheduling and acceptance, Colleen's Critter Sitters/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

Colleen's Critter Sitters Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS *(Addendum to Pet Sitting Service Contract)*

My signature below authorizes Colleen’s Critter Sitters
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 Colleen’s Critter Sitters 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:
