



Kay Robinson
Owner

Licensed, Insured & Bonded
Certified in Pet First Aid & CPR
Animal Reiki Practitioner

678-471-5144
PeacefulPetsPetsitting.com
Kay@PeacefulPetsPetsitting.com

PET SITTING SERVICE CONTRACT

CLIENT INFORMATION

NAME _____	SPOUSE/ROOMMATE NAME _____		
STREET _____	OCCUPATION(S) _____		
CITY _____ STATE _____ ZIP _____	BUSINESS PHONE _____		
SUBDIVISION _____	CELL PHONE _____		
HOME PHONE _____	EMAIL ADDRESS _____		
VEHICLE DESCRIPTION _____	HOW DID YOU HEAR ABOUT US? _____		

SERVICE DATES AND FEES

Date of Departure _____		Time of Departure _____		Date of Return _____		Time of Return _____	
MON	TUES	WED	THUR	FRI	SAT	SUN	# OF VISITS

PREFERRED VISIT TIMES: _____

1) The initial term of this contract shall be from _____ through _____.
(Date/Time Sitter's First Visit) (Date/Time Sitter's Last Visit)
In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visits.

2) I agree to pay the fees as described below:
 \$ _____ X _____ = _____
 (Rate per visit) # of visits

TOTAL FEE \$ _____.

Any additional visits made or services performed shall be paid for at the agreed contract rate.

ALARM INFO

GARAGE CODE: _____ Door to Enter From: _____

ALARM IN: _____ Keypad Location: _____

ALARM OUT: _____ Alarm Co. Name: _____

PASSWORD: _____ Alarm Co. Phone: _____

KEY INFO

Key Received and Tested? Yes No

Will Key Be Retained on File? Yes No

IF CLIENT REQUESTS THEIR KEY BE LEFT OUTSIDE THEIR RESIDENCE, PEACEFUL PETS WILL NOT BE HELD LIABLE FOR ANY UNAUTHORIZED ENTRIES.

IN THE EVENT THAT PET SITTER 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 PET SITTER THE AUTHORITY TO EMPLOY A LOCKSMITH ON CLIENT'S BEHALF IN THE EVENT OF THE AFOREMENTIONED OCCURRENCES.

Door from House to Garage stays locked? unlocked?

HOME CARE SERVICES

Mail? <input type="checkbox"/> Box # _____	AC Setting: _____ Heat Setting: _____
Paper? <input type="checkbox"/> _____	Thermostat Location: _____
Alternate Lights? <input type="checkbox"/> _____	Leave Water Dripping when Freezing Weather? <input type="checkbox"/> _____
Which ones? _____	Location Fusebox: _____
Porch/Outside Lights? <input type="checkbox"/> _____	Location Water Cut-off: _____
Location of outdoor switches: _____	Location Gas Cut-off: _____
Adjust Blinds? <input type="checkbox"/> _____	Accident Clean Up Instructions: _____
Which ones? _____	_____
TV/Radio? <input type="checkbox"/> _____	_____
Trash? <input type="checkbox"/> Day: _____	Location of Cleaning Supplies: _____
Location of Can _____	Location of Extra Paper Towels: _____
Recycle? <input type="checkbox"/> Bin Location: _____	Misc. Information: _____
Water Plants? <input type="checkbox"/> _____	_____

PET CARE SERVICES

LOCATION OF ANIMALS IN HOME:

RAINY DAY INSTRUCTIONS:

Location of Dog Towels _____

GENERAL INFORMATION: What is Your Pet's Regular Bathroom/Exercise Schedule? _____

Location of **Brush/Comb** _____ Location of **Cat Carrier** _____ Location of **Leashes** _____

PET'S NAME _____ Description (Color/Breed) _____ Age _____

Sex M F Neutered? Yes No ID Tag/Microchip? Yes No Personality Traits (Quirks, Habits, Fears?) _____

Hiding Places _____ Current on Shots/Titers? Yes No

History of Illness or Biting? _____ Collar Color _____ Does Pet Try to Run Outside? Yes No

Restrictions (Indoors Only?) _____ Favorite Toys/Activities _____

PET'S NAME _____ Description (Color/Breed) _____ Age _____

Sex M F Neutered? Yes No ID Tag/Microchip? Yes No Personality Traits (Quirks, Habits, Fears?) _____

Hiding Places _____ Current on Shots/Titers? Yes No

History of Illness or Biting? _____ Collar Color _____ Does Pet Try to Run Outside? Yes No

Restrictions (Indoors Only?) _____ Favorite Toys/Activities _____

PET'S NAME _____ Description (Color/Breed) _____ Age _____

Sex M F Neutered? Yes No ID Tag/Microchip? Yes No Personality Traits (Quirks, Habits, Fears?) _____

Hiding Places _____ Current on Shots/Titers? Yes No

History of Illness or Biting? _____ Collar Color _____ Does Pet Try to Run Outside? Yes No

Restrictions (Indoors Only?) _____ Favorite Toys/Activities _____

PET'S NAME _____ Description (Color/Breed) _____ Age _____

Sex M F Neutered? Yes No ID Tag/Microchip? Yes No Personality Traits (Quirks, Habits, Fears?) _____

Hiding Places _____ Current on Shots/Titers? Yes No

History of Illness or Biting? _____ Collar Color _____ Does Pet Try to Run Outside? Yes No

Restrictions (Indoors Only?) _____ Favorite Toys/Activities _____

FEEDING INSTRUCTIONS:

PET'S NAME _____

AM FEEDING INSTRUCTIONS:

PM FEEDING INSTRUCTIONS:

How Often Does Pet Eat? _____

Food Location: _____ Food Bowl Location: _____

Food Bowl Color: _____ Water Bowl Locations: _____

Treats? Yes No Location: _____ How Many? _____

PET'S NAME _____

AM FEEDING INSTRUCTIONS:

PM FEEDING INSTRUCTIONS:

How Often Does Pet Eat? _____

Food Location: _____ Food Bowl Location: _____

Food Bowl Color: _____ Water Bowl Locations: _____

Treats? Yes No Location: _____ How Many? _____

PET'S NAME _____

AM FEEDING INSTRUCTIONS:

PM FEEDING INSTRUCTIONS:

How Often Does Pet Eat? _____

Food Location: _____ Food Bowl Location: _____

Food Bowl Color: _____ Water Bowl Locations: _____

Treats? Yes No Location: _____ How Many? _____

PET'S NAME _____

AM FEEDING INSTRUCTIONS:

PM FEEDING INSTRUCTIONS:

How Often Does Pet Eat? _____

Food Location: _____ Food Bowl Location: _____

Food Bowl Color: _____ Water Bowl Locations: _____

Treats? Yes No Location: _____ How Many? _____

MEDICATION INSTRUCTIONS:

PET'S NAME	MEDICAL CONDITION (Allergies, Etc.)	MEDICATION NAME	AMOUNT/TIMES/DAY	# OF DAYS

IMPORTANT!

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

LITTERBOX INSTRUCTIONS:

Number of Litterboxes: _____
 Litterbox Location(s): _____
 Location of Extra Litter: _____
 Location of Scooper: _____
 Location of Plastic Bags: _____
 Location of Broom/Dustpan: _____
 Location of Vacuum: _____
 Disposal of Waste: _____

EMERGENCY PLAN

In the event of inclement weather or natural disaster prohibiting travel, what arrangements should be made?

SPECIAL REQUESTS/NOTES**VET PREFERENCE**

Name: _____

Phone: _____

EMERGENCY CONTACTS

LOCATION & PHONE # WHERE YOU CAN BE REACHED (*We must have this information!!*): _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Key?

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Key?

WILL ANYONE BE IN YOUR HOME DURING YOUR ABSENCE?

Yes No Name & Phone: _____ Vehicle Description _____ Reason _____

Does anyone else have a key to your home? Yes No Name & Phone: _____ Name & Phone: _____

TERMS & CONDITIONS

- 1) For purposes of this contract, "Client" refers to the person(s) listed on page 1, line 1 of this agreement. Peaceful Pets Pet Sitting, its employees, and its agents are collectively referred to as "Peaceful Pets."
- 2) Peaceful Pets is not an emergency or on-call service. **Service will not be provided unless Client has spoken directly to Peaceful Pets and reservations have been accepted.** Peaceful Pets requests at least 48 hours notice prior to Client's departure.
- 3) **Client must pay in advance by cash or check made out to "Peaceful Pets Pet Sitting."** Client shall pay a \$36.00 service fee for returned checks.
- 4) An additional fee of \$10.00 **per day** will be added for visits made on any of the following holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day.
- 5) **Client agrees to contact Peaceful Pets by phone immediately upon Client's return home.** Otherwise, Peaceful Pets will continue to visit Client's pet(s), and Client will be charged accordingly. Peaceful Pets will not issue a refund if Client returns home early, but Peaceful Pets will apply a credit to Client's account for future use.
- 6) Client shall provide Peaceful Pets with a house key during the initial consultation. **Peaceful Pets is not responsible or liable for any house key(s) left outside at Client's request. Peaceful Pets is also not responsible for any events that occur while someone else is in Client's home during the duration of Peaceful Pets service or for any damage to or loss of property from unauthorized entry.**
- 7) Client is expected to provide adequate supplies, including food, litter, etc. If Peaceful Pets is unable to provide food and services as requested by Client, Peaceful Pets shall charge the Client a \$25.00 trip fee in addition to the actual cost of said supplies.
- 8) Client's pet(s) must be current on vaccinations or titers. Client shall pay all costs and damages incurred by any party bitten or injured by Client's pet(s) or exposed to an illness carried by Client's pet(s).
- 9) Peaceful Pets is authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation and treatment. Peaceful Pets will make every effort to contact Client should this situation arise.
- 10) If, at the discretion of Peaceful Pets, Client's pet(s) should need to be seen by a vet, a \$25.00/hr. charge will be assessed, and Client agrees to reimburse Peaceful Pets for any medical expenses incurred. Client's pet(s) will be seen by Client's designated vet, if possible. Should Client be unavailable, Peaceful Pets is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian.
- 11) Peaceful Pets shall not be liable for the health, safety, or well-being of any pet(s) allowed, per Client's request, to leave the confines of the house or yard.
- 12) Peaceful Pets shall not be liable for the acts of one pet against another or for property damage caused by Client's pet(s).
- 13) Peaceful Pets shall not be liable for any acts of God, such as floods, hurricanes, tornadoes, ice storms, fire, or the death of the pet(s) due to natural causes.
- 14) Peaceful Pets 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 for liability, including for loss, injury, or death to Client's pet(s), except those arising from negligent and willful misconduct on the part of Peaceful Pets.
- 15) Peaceful Pets may terminate this contract at any time before or during its term if Peaceful Pets, in its sole discretion, determines that Client's pet(s) poses a danger to the health or safety of Peaceful Pets personnel. If health or safety concerns prohibit Peaceful Pets from caring for pet(s), Peaceful Pets will contact Client or a person designated by Client in the contract. It will be the responsibility of Client, or the person designated by Client, to make alternative arrangements for care. However, Peaceful Pets will make every effort to assist Client should this situation arise.
- 16) In the event of personal emergency or illness of Peaceful Pets personnel, Client authorizes Peaceful Pets to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Client will be notified in such a case.
- 17) Client's signature on this contract shall bind Client to the terms contained herein for all future services provided. Peaceful Pets may accept phone reservations and provide services accordingly without additional signed contracts or written authorization.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL PROVISIONS, TERMS, AND CONDITIONS IN THIS CONTRACT.

DATE

CLIENT SIGNATURE

PEACEFUL PETS PERSONNEL SIGNATURE