



Mrs. Cherie Smith
 3033 Barnes Road
 Suffolk, VA 23437

Work – 757-657-9100
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Sitter _____
 Return Key? _____ When? _____

PET SITTING CONTRACT

Date _____

CLIENT INFORMATION

Name _____

Home Phone _____ Work Phone _____

Other Phone (Specify) _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact /Phone _____

Others who have access to your home: _____

Security System? _____ Access Code _____

Alarm Company Phone _____ Password _____

___ Key Received and Tested

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 failure of the client to leave a working key, client shall reimburse all expenses incurred.

PET(S) INFORMATION

Dog__ Cat__ Other (Specify) _____ | Dog__ Cat__ Other (Specify) _____

Name _____ | Name _____

Age__ Sex __ Description _____ | Age__ Sex __ Description _____

Special Needs? _____ | Special Needs? _____

Dog__ Cat__ Other (Specify) _____ | Dog__ Cat__ Other (Specify) _____

Name _____ | Name _____

Age__ Sex __ Description _____ | Age__ Sex __ Description _____

Special Needs? _____ | Special Needs? _____

PET/HOME CARE INSTRUCTIONS

Vet Name _____ Vet Phone _____

Food Amount _____ Frequency _____

Food Location _____ Clean-Up Supplies Location _____

Disposal Instructions for Feces/Litter _____

Are pets secure in your home/yard? _____

Any special reason for caution in approaching your pets? _____

Anyone else caring for your pets in your absence? Yes _____ No _____

If yes, Name/Phone _____

The utmost care will be given in watching your pets 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.

TERMS AND CONDITIONS

The parties herein agree as follows:

- 1) The initial term of this contract shall be for _____ Visits/Day From:
_____ through _____
(Date/Time First Visit) (Date/Time Final Visit)

In the event of an early return home, Client must notify Daystar Pets (657-9100) or your sitter promptly to avoid being charged for additional visits.

- 2) The fee per visit is \$_____. A gasoline surcharge of \$_____ also applies to each visit. (Gas surcharge subject to change for future visits based on regular gas prices in client’s neighborhood at time of service.) Any additional visits made or services performed shall be paid for at the agreed contract rate.

All fees are expected to be paid, by cash or check, at the time the contract is completed. If additional visits are performed due to late return of client, additional fees are due upon the client’s return.

For future pet sitting under this contract, fees are to be paid, by check or cash, at the start of the visit either when pet sitter picks up key or left at the house when customer departs, if pet sitter retains the customer key in his/her possession.

- 3) Pet sitter is authorized to perform care and services as outlined on this contract. Pet sitter is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatment and expenses. Should specified veterinarian be unavailable, Pet Sitter is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by veterinarian. Client agrees to reimburse Pet Sitter/Company for expenses incurred, plus any additional fees for attending to this need 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 consideration thereof, the Client expressly waives and relinquishes any and all claims against said Pet Sitter/Company except those arising from negligence or willful misconduct on the part of the Pet Sitter/Company. Any dog group play or daycare situation is entered into with the express understanding that Daystar Pets accepts no liability for any dog fight injuries that might occur.
- 6) Client takes full responsibility for PROMPT payment of fees as agreed in Paragraph 2 above. A finance charge of 1% per month will be added to unpaid balances after thirty (30) days. A handling fee of \$25 will be charged on all returned checks. In the event it is necessary to initiate collection proceedings on this 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 of this contract.
- 8) All pets are to be currently vaccinated. Should Pet Sitter be bitten or otherwise exposed to any disease or ailment received from Client's animal(s), it will be the Client's responsibility to pay all costs and damages incurred by the victim.
- 9) Pet Sitter/Company reserves the right to terminate this contract at any time before or during its term if Pet Sitter/Company, in its sole discretion, determines that Client's pet(s) pose a danger to the health or safety of Pet Sitter. If concerns prohibit Pet Sitter from caring for Pet, Client authorizes pet to be placed in a kennel, with all charges there from to be charged to Client.
- 10) Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting Pet Sitter/Company to accept telephone reservations for service and enter premises without additional signed contracts or written authorization.

I have reviewed this Service Contract for accuracy and understand the contents of this form.

Date _____

Client Signature _____

Pet Sitter Signature _____

Vaccinations proof has been examined by pet sitter. These pets have current vaccinations for rabies.
 Yes ____ No ____