



Drop In Pet Sitting Service Contract

Client & Animal Information

Guardian's Name:	Guardian's Name:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Address:	
Animal's Name/ ID:	Species/Breed/Age/Sex:
Animal's Name/ ID:	Species/Breed/Age/Sex:
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Animal's Name/ ID:	Species/Breed/Age/Sex:

Emergency Information

Client's trip location:	Contact information for trip location:
Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Vet Address:	
Directions to Vet's Office:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	



Drop-in Pet Sitting Service Contract, continued

Home Care Instructions

Expecting other visitors while away: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, whom?:
Other key holders to the home:	Key holders know of client's absence?: <input type="checkbox"/> Y <input type="checkbox"/> N
Mail Instructions:	Garbage Instructions:
House Plant Care Instructions:	
Yard Care Instructions:	
Additional House-Related Instructions:	

Description of Services

First date of service:	Last date of service:	# of visits and times/ day:	Duration of visits:
# of days:	# of visits:	\$ per visit:	Total Due:

Payment Information and Agreement

Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover																									
Name on Card:	Signature:																								
Number:																									
Expiration Date:	3 digit code on back of card:																								
Billing address if different than address above:																									
<input type="checkbox"/> Paid in Full Paid \$ on Date:																									
<input type="checkbox"/> Payment Plan:																									
<p>1. I understand that by agreeing to a payment plan I have committed to the full length of the training program as stated in the Description of Services above. I understand that I am responsible for payment in full regardless of whether I choose to complete the training program.</p> <p style="text-align: right;">Initial: </p> <p>2. I authorize (Sitter's Name or Business Name) to run the credit card above as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Payment #1</td> <td style="width: 20%;">Date:</td> <td style="width: 20%;">Amount: \$</td> <td style="width: 40%;"></td> </tr> <tr> <td>Payment #2</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #3</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #4</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #5</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #6</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> </table> <p style="text-align: right;">Initial: </p>		Payment #1	Date:	Amount: \$		Payment #2	Date:	Amount: \$		Payment #3	Date:	Amount: \$		Payment #4	Date:	Amount: \$		Payment #5	Date:	Amount: \$		Payment #6	Date:	Amount: \$	
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Payment #5	Date:	Amount: \$																							
Payment #6	Date:	Amount: \$																							



Drop-in Pet Sitting Service Contract, continued

Liability Waiver & Policies

<p>1. Walking With Paws will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dog cared for, including but not limited to interactions with other dogs while on walks. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless Walking With Paws of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Walking With Paws care. I have been told by Walking With Paws and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. Additionally, Walking With Paws will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless Walking With Paws of any and all claims of damages to my home. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.</p> <p style="text-align: right;">Initial: </p>
<p>2. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by (Sitter's Name or Business Name) in the event the my regular veterinarian is not available or that closer care is required. I will reimburse (Sitter's Name or Business Name) for any charges related to emergency care.</p> <p><input type="checkbox"/> I authorize Walking With Paws to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by Walking With Paws and I agree to indemnify and hold harmless Walking With Paws for all and any results thereof.</p> <p style="text-align: right;">Initial: </p> <p><input type="checkbox"/> I DO NOT authorize Walking With Paws to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by Walking With Paws and I agree to indemnify and hold harmless Walking With Paws for all and any results thereof.</p> <p>Initial: </p>
<p>3. Payment Policy:</p> <p style="text-align: right;">Initial: </p>
<p>4. Cancellation Policy:</p> <p style="text-align: right;">Initial: </p>
<p>5. Grooming Policy:</p> <p style="text-align: right;">Initial: </p>

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Pet Sitter & Title	Date



Drop-in Pet Sitting Service Contract, continued

Individual Animal Instructions for:

Species:	Breed:	Age:	Gender:
Additional Descriptors:			

Feeding Instructions

Dog's Regular Food:	Amount/ Times of Day:	Additional Notes:
Dog's Regular Treats:	Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treat/ Dietary Restrictions:		

Health Instructions

Current Medications:	Reason(s) for Meds:		
Medicine:	Amount:	Time:	Notes:
Medicine:	Amount:	Time:	Notes:
Medicine:	Amount:	Time:	Notes:
Additional Health Care Notes:			
Important Medical History:			

Exercise Instructions

Frequency:	Duration:
Mode of Exercise:	
Exercise Restrictions:	

Behavioral Instructions

Known Behavioral Issues:
Special Instructions or Notes regarding Behavioral Issues: