

Companions Pet Care

_ Key Received _ Key Return

Interview Appt: _____

Name: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Address: _____

Directions: _____

Date & Hour Leaving Town: _____ Date & Hour Returning _____

Where can you be reached? _____ Phone: _____

In case of emergency or inclement weather, Contact: _____ Phone: _____

Others who have access to home (including phone #) _____

Other phone #: Landlord _____ Cleaning service _____

Location of fuse box/circuit breaker: _____ Primary Light Switches located _____

Is Security system in place _____ Alarm Company Name/Phone _____ Passcode _____

Access Code: _____ Alarm Instructions: _____

In the event that Companions Pet Care 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 Companions Pet Care the authority to employ a locksmith on Client's behalf in the event of the aforementioned currences.

HOME CARE INFORMATION

Bring in mail _____ Newspapers _____ Alternate Lights _____ Curtains _____ Water indoor plants _____

Water Outdoors Plants _____ Bird Feeder _____ TV/Radio _____ Litter Box _____ Answer Phone _____ Garbage _____

PET CARE INFORMATION

Pet's Name	Description (Breed,Color)	Age/Sex	Personality(Fears/phobias)	Diets(A.M./P.M)	Exercise	Medications	Illness/Biting
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1 _____

2 _____

3 _____

4 _____

5 _____

Current on shots _____ Restrictions _____

Vet Preference: _____ Phone: _____

Pet Food/Treated location: _____ Leash Location: _____

Outdoor "Accident" Cleanup? _____ Indoor "Accident" Cleanup? _____

Cleaning Supplies Located _____ Disposal of Litter box Contents? _____

Are Pets secured in home or yard? _____ How do pets react to your absence from home? _____

Are you aware of any reason we should approach any of your pets with caution? _____

Will pet care responsibility be shared with anyone else during your absence? _____

If yes please give name, address, phone number of other person and detail of job sharing arrangement. _____

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

Please note: The utmost of care will be given in watching both your pets and your home, However due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature(i.e. biting , 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 pets with access to the outdoors.

TERMS & CONDITIONS

The parties herein agree as follows:

1. The initial term of this contract shall be from _____ through _____. In the event of early return home Client must notify Companions Pet Care promptly to avoid being charged for unnecessary visits(s).
2. The fee per visit \$ _____ x _____ (# of visits), plus any assessed fees \$ _____ =TOTAL FEE of \$ _____. Any additional visits made or service performed shall be paid for at the agreed contract rate.
3. Companions Pet Care is authorized to perform care and services as outlined on this contract. Companions Pet Care is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatment, and expense. Should specified veterinarian be unavailable, Companions Pet Care is authorized to approve medical and /or emergency treatment(excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Companions Pet Care for expenses incurred, plus any additional fees for attending to this need or ay expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Companions Pet Care is entrusted to use best judgment in caring for pet(s) and home. Companions Pet Care will be held harmless for consequences related to such decisions.
5. Companions Pet Care 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, the Client expressly waives and relinquishes any and all claims against said Companions Pet Care except those arising from negligence or willful misconduct on the part of the Companions Pet Care.
6. In the event of personal emergency or illness of Companions Pet Care sitter, Client authorizes Companions Pet Care to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Client will be notified in such a case.
7. All pets are to be currently vaccinated. Should Companions Pet Care sitter be bitten or otherwise exposed to any disease or ailment received from Client's animal which has not been properly and currently vaccinated, it will be the Client's responsibility to pay all costs and damages incurred by the victim.
8. Companions Pet Care reserves the right to terminate this contract at any time before or during its term if Companions Pet Care, in its sole discretion, determines that Client's pet poses a danger to the health or safety of Companions Pet Care sitter. If concerns prohibit Companions Pet Care from caring for pet, Client authorized pet to be placed in a kennel, will all charges there from to be charged to client.
9. Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract permitting Companions Pet Care 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 _____