

“Who Let the Dogs Out” LLC.



**A Complete Pet Sitting Service
Proud Member of Pet Sitters International
Fully Bonded & Insured
1-800-935-1481**

**Service Contract
Client Profile**

Date: _____ Name: _____ Home Phone: _____

Address: _____ Date desired for Pet Sitting: _____

Directions to your house: _____

Alternate phone numbers to contact you- Cell: _____ Emergency Contact: _____ Work: _____

Do you have a security system? Yes: ___ No: ___ If yes, what is the code: _____ Password: _____

Please List anyone who might have access to your home. _____

We care about your Pets. Please tell us as much information about them as you can:

Pet's Name: _____	_____	_____
Age & Gender: _____	_____	_____
Color: _____	_____	_____
Breed: _____	_____	_____
Medication: _____	_____	_____
Exercise: _____	_____	_____
Where does your pet sleep? _____	_____	_____
A.M Diet: _____	_____	_____
P.M Diet: _____	_____	_____
Any Special Routines: _____	_____	_____
Favorite toy & location: _____	_____	_____
Food / treats / leash located: _____	_____	_____
Litter pan Located: _____	_____	_____

Does your pet suffer from separation anxiety? If yes, what are some of the symptoms we might expect? _____

Does your Pet have a history of illness or biting? If yes, please explain: _____

Who is your vet? And where are they located? _____

Are your pets current on all vaccinations? _____

Other: _____

Delivery of Services

- The term of this contract is from _____ through _____
Sitter's first day Sitter's last day
- Fee per visit/day \$ _____ X visits/days _____ + any additional charges \$ _____ = Total Fee \$ _____. Additional visits made or services performed shall be paid for and agreed upon at the contract rate.
- For your convenience "Who Let the Dogs Out, LLC" happily accepts Visa and MasterCard.
- I, or my homeowner's insurance, will be responsible for any injury (i.e. dog bite) incurred while on my premises to perform the assignment of this contract.
- In the event of inclement weather, my pet sitter may use discretion and best judgment in caring for my pet(s) as well as my home.
- I authorize Who Let The Dog's Out, LLC to perform care and services as outlined in this contract. I am also authorizing by my signature below emergency veterinary care, releasing you from all liabilities to transportation and expense. Should my specified veterinarian be unavailable, I authorize my pet sitter to engage the services of a veterinarian of this company's choice. I authorize Who Let The Dog's Out, LLC to approve any medical and/or emergency treatment recommended by a veterinarian. I will reimburse the company for expense incurred, plus any additional fees for attending to this as well as expenses incurred for any other unexpected home/food/supplies needed.
- Who Let The Dog's Out, LLC, its employees and independent contractors agree 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 company, it's employees and independent contractors, except those arising from negligence on the part of the pet sitter.
- I understand that this contract is the only invoice I will receive and take full responsibility for prompt payment of fees upon completion of services contracted. No refunds shall be given for vacationers that return early due to inclement weather.
- I further authorize this contract to be valid approval for future services permitting "Who Let the Dogs Out, LLC" to accept my telephone reservations for service and enter my premises without additional signed contracts or written authorization.
- Neither your pet sitter nor Who Let The Dogs Out, LLC will be liable for injury, disappearance or death of any pet(s) who is allowed free run out of doors.
- There will be a \$30.00 fee for all returned checks.
- I have reviewed this service contract for accuracy and agree to all conditions and terms written within this form.
- Form of payment: Cash ___ Check ___ Credit ___ If credit, Visa ___ M/C ___ Card # _____ Exp. Date _____

Date Client Signature Pet Sitter