



Client & Pet Profile

Sitter: _____
Cust #: _____
Date: _____

Client Name: _____

Complete Address: _____

Phone #'s: (H) _____ (W) _____ (C) _____

E-Mail: _____

Service beginning date: _____ Service ending date: _____ Number of visits*: _____

*Please note: Quick stops currently only available in Carrollton & Whitesburg.

Expected departure date & time: _____ Expected return date & time: _____

Key received: Y/N

Does anyone else have a key? Y/N Names: _____

Left on final visit: Y/N Kept by sitter for future services: Y/N

NAME, TYPE & AGE OF PETS:

1) _____ M/F 2) _____ M/F 3) _____ M/F 4) _____ M/F

FEEDING INSTRUCTIONS:

#1

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding location and instructions: _____

Food treats/Restrictions: _____

#2

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding location and instructions: _____

Food treats/Restrictions: _____

#3

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding location and instructions: _____

Food treats/Restrictions: _____

#4

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding location and instructions: _____

Food treats/Restrictions: _____

EXERCISE/OUTSIDE:

Walks? Y/N Locations? _____ Leash locations: _____

Type of fence: Electric: _____ Wood: _____ Chain Link: _____ None: _____ Other: _____

LIKES/DISLIKES:

Reaction to children: _____ Other animals: _____

Likes: _____

(petted in certain spot)

Dislikes: _____

What might cause your pet to bite? _____

HEALTH:

Does your pet(s) require any medications? Y/N

If yes:

Purpose? _____

Type of medicine? _____

Quantity? _____ X's/day _____

Does your pet(s) have any medical problems? Y/N

If yes:

Explain: _____

Any particular instructions? _____

Are your pet(s) currently on vaccinations? Y/N Rabies tags visible and on pet? Y/N

If no, on file at vet Y/N Rabies tag & year # _____

If unable to reach your vet in the event of an emergency, may we use another? Y/N

HOME CARE:

Would you like any of the following services provided at no additional charge?

Indoor plants watered: Y/N Where? _____

Mail/Paper brought in: Y/N

Garbage/recycling take to curb? Y/N When? _____

TV/Radio left on for pet(s): Y/N Where? _____

Lights rotated: Y/N Where? _____

Security check instructions: _____

Will anyone else be coming home during service contract period? Y/N

Names: _____

What cars will there be?

EMERGENCY CONTACTS:

Where can they be reached? _____

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Local person: _____

EMERGENCY INSTRUCTIONS:

Location of fuse box: _____

Location of water shut off: _____

SERVICE #'s:

Police: _____ Fire: _____ Ambulance: _____

Lease Manager: _____ A/C Repair: _____

Electrician: _____ Plumber: _____

Other: _____

Services Requested:

Standard visit	___ # of visits ___	\$ _____	\$ _____
Out of area	___ # of visits ___	\$ _____	\$ _____
Additional time	___ # of visits ___	\$ _____	\$ _____
Mid-day walks	___ # of visits ___	\$ _____	\$ _____

Pet taxi: Y/N \$ _____ \$ _____

House check/No pets: Y/N # of visits ___ \$ _____ \$ _____

Nail trimming: Y/N \$ _____ \$ _____

Key pick up charge: Y/N \$ _____ \$ _____

(If not received on introductory meeting)

Get acquainted meeting: \$ N/C \$ N/C

Bring in mail/paper: \$ N/C \$ N/C

Watering indoor plants: \$ N/C \$ N/C

Adjust lighting/blinds: \$ N/C \$ N/C

Garbage/recycling taken to curb: \$ N/C \$ N/C

Other: _____ \$ _____ \$ _____

Discounts not included in this total will show on final bill. Total \$ _____

The parties hereto agree as follows: This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits.

_____	_____	_____
Date	Unleash the Pawsitive	(Client)



Pet Care Information

Veterinarian Facility: _____ Dr.'s Name: _____

Vet Phone: (____) _____ Street Address: _____

_____ City _____ State _____ Zip Code

If your pet(s) go outside, what time do you let your pet(s) out for: _____
First morning potty break _____ a.m.
Last evening potty break _____ p.m.
What time are your pets usually fed in the a.m. _____ p.m. _____

Location of treats: _____

Location of leash and collar: _____

Outdoor potty clean up instructions: _____

Indoor potty clean up instructions: _____

Location of cleaning supplies and pick-up bags: _____

Dispose of litter box contents and/or animal waste in: _____

Are pets secured in home or outside: _____

Will the responsibility of pet care be shared with anyone else in your absence? Yes No If yes, please give that person's name:

_____ Name _____ Address _____ Phone # _____

What are the details of the job sharing arrangement? _____

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

PLEASE NOTE: The utmost care will be given in watching your pet(s) and home while you are away. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any accidents of any unusual or extraordinary nature. (i.e. biting, damage to furniture, accidental death, etc.) or any complications when administering medications to the pets(s). Nor can we be liable for injury, disappearance, death, or fines of pet(s) who have access to the outdoors.

By signing below, I agree that the information on this from and attached form(s) is true and accurate to the best of my knowledge.

Date

Client Signature

Pet Sitter Signature

FOR DOGS ONLY: Is your dog leash trained? Yes No If so, does your dog: Walk on a leash Pull on the leash

What voice commands does your dog know? _____

Restrictions: _____

Notes: _____

This form was updated: (date) _____ By (name) _____

(date) _____ By (name) _____

(date) _____ By (name) _____

(date) _____ By (name) _____



Pet Sitting Service Contract

The parties hereto agree to the following:

1. **Client** agrees to contact **Unleash the Pawsitive** 3 days prior to departure to confirm their travel plans and to verify the dates of service unless other arrangements have been made in advance. _____ (Initials)
2. **Client** agrees to notify **Unleash the Pawsitive** in the event **Client** is delayed in returning home. **Client** further agrees to pay **Unleash the Pawsitive** for any additional visits required until **Client** returns home. _____ (Initials)
3. **Client** authorizes **Unleash the Pawsitive** to enter **Client's** home to provide the services listed herein, and/or written on any invoice, or as requested by **Client** in any telephone conversation. Email, or fax transmission. Said services to be performed in accord with the **Clients** most recent Pet Profile, **Client** Profile, Home Profile, and/or other documents or notes, paper or electronic, on file with **Unleash the Pawsitive**. _____ (Initials)
4. If the pet(s) become ill or injured while under the care of **Unleash the Pawsitive**, and medical care is needed in the best judgment of **Unleash the Pawsitive**, **Client** authorizes **Unleash the Pawsitive** to transport the pet(s) to **Client**'s veterinarian (or one who is available). **Client** authorizes **Unleash the Pawsitive** to approve any emergency treatment recommended by said veterinarian when the cost of treatment is within the limits authorized below. **Client** authorizes **Unleash the Pawsitive** to take **Clients** pet(s) to **an Emergency Clinic For Animals** when the **Clients** veterinarian is not immediately available. **Client** further agrees to promptly reimburse **Unleash the Pawsitive** for any expenses incurred for any medical treatment or emergency care. _____ (Initials) Dollar Limit allotted for veterinary care and services \$_____. _____ (Initials) For amounts above \$150, **Client** must provide credit card information: Visa/Mastercard/American Express/Discover: _____ Expiration Date: _____ Security Code: _____ Client Signature/Date _____
5. **Client** releases **Unleash the Pawsitive** from all liability related to transportation, treatment, or expenses, resulting from any emergency or special needs as determined by **Unleash the Pawsitive**. _____ (Initials)
6. **Unleash the Pawsitive** agrees to provide the services stated herein in a reliable 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 **Unleash the Pawsitive** unless arising from deliberate negligence on the part of **Unleash the Pawsitive** or their representative(s). _____ (Initials)
7. **Client** agrees to pay **Unleash the Pawsitive** the total fee for services to be rendered upon signing this contract. A 48-hour advance notice is required for cancellations in order to receive a refund credit, less a cancellation fee equal to 30% of the total bill. Refund Credits expire 6 months from the date issued. Fees for Holiday bookings are non refundable. No cash refunds will be made. _____ (Initials)
8. **Unleash the Pawsitive** is not liable for injury to, or loss of, any pets allowed, at the direction of the **Client**, access to a doggie door, or allowed outside the **Client**'s house off lead or unattended. **Client's** initials here: **X** indicates that the client understands this clause and does request their pet(s) be allowed outside of **Client's** house off lead, and/or to have access to a doggie door. _____ (Initials)
9. **Client** agrees to reimburse **Unleash the Pawsitive** for the cost of materials necessary for satisfactory performance of duties; and/or for any emergency expenses incurred resulting there from. _____ (Initials)

10. **Client** agrees to pay **Unleash the Pawsitive**, at the then current hourly rate, currently \$28, for trips to purchase necessary pet supplies, food, and/or to handle emergencies. _____ (Initials)
11. In the event of incompatibility, personal emergency, illness, injury, or unavailability on the part of **Unleash the Pawsitive**, **Client** authorizes **Unleash the Pawsitive** to arrange for another qualified individual to fulfill the responsibilities set forth in this contract, or, to arrange for alternative care of **Client's** pet(s). **Client** further agrees to promptly reimburse **Unleash the Pawsitive** for additional costs incurred, if any, due to providing alternative care of **Client's** pet(s). _____ (Initials)
12. **Client** agrees to pay **Unleash the Pawsitive** the regular per visit rate, or daily rate, for any additional, necessary or unnecessary, visits made due to Client not notifying **Unleash the Pawsitive** upon their return home. _____ (Initials)
13. This contract is for the total number of visits, at the total cost, listed in the invoice and shall be extended or renewed upon clients request to provide services in the future as outlined in article 16 below. No additional fees, except as noted herein, or on the invoice, shall be levied. _____ (Initials)
14. The term **Unleash the Pawsitive** as used herein refers to the officers, owners, principals, employees, and subcontractors of the company known as **Unleash the Pawsitive**. _____ (Initials)
15. The term **Client** as used herein refers to _____
16. The term of this contract shall commence on this date and terminate in 36 months. Upon Client's request to provide services in the future via phone, email, or in person, Client agrees that this contract shall be extended, in its entirety, without further written authorization. The term of said extension shall commence on the date services are requested and shall terminate 36 months after the last date on which services are performed. _____ (Initials)
17. **Unleash the Pawsitive** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. _____ (Initials)
18. It is expressly understood that **Unleash the Pawsitive** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Unleash the Pawsitive** of all situations, which will relieve it of liability for damage. _____ (Initials)
19. I attest to the fact that all licenses and vaccinations required by the State of Georgia, the City in which I reside, and/or the County of _____ are current according to the law. _____ (Initials)

Client fully understands the contents of this contract and agrees to the terms and conditions herein. **Client** further agrees to pay any additional charges due when the services have been completed. In the event any part of this contract shall be determined to be invalid it shall have no bearing on any other part of this contract. Any exceptions to any part of this contract must be in writing and signed by all parties.

Representative of **Unleash the Pawsitive**

Date

Client

Date