



Austin Pet Sitting Services

austinpetsittingservices.com

CLIENT INFORMATION

Client(s): #1	#2	How did you hear about us?	
Address:	City:	State:	Zip:
Email address #1:	Email address #2:		
Cell Phone #1:	Cell Phone #2:		

HOME CARE INFORMATION

CHECK ALL NEEDED:	Bring in mail	News-papers	Alter lights	Blinds/Shades	Water indoor plants	Water outdoor plants	Bird feeders	TV/ Radio	Litter box	Other	Recycling/ Garbage	Additional notes/ comments	

#1 PET INFORMATION

Pet's Name:	Age:	Male	Female	Spayed	Neutered
Type of Pet:	Breed/Color/Weight:		Current Vaccinations: Y N		
Vaccinations on record with your current veterinarian? Y N	Flea/Tick/Heartworm treated: Y N		Is pet micro-chipped: Y N		
Separation Anxiety: Y N	What helps with the anxiety?				
How long have you had your pet?	Was your pet a rescue: Y N		Was your cat ever feral? Y N		
Feeding Instructions (amounts, times per day, etc.):			Is your pet potty-trained?		Y N
Health Concerns/Food Allergies:			Does your pet "mark?"		Y N
Medications:			Is your pet allowed on furniture?		Y N
Quirky Behaviors:			Is your pet crate trained?		Y N
			Does your pet chew?		Y N

#2 PET INFORMATION

Pet's Name:	Age:	Male	Female	Spayed	Neutered
Type of Pet:	Breed/Color/Weight:		Current Vaccinations: Y N		
Vaccinations on record with your current veterinarian? Y N	Flea/Tick/Heartworm treated: Y N		Is pet micro-chipped: Y N		
Separation Anxiety: Y N	What helps with the anxiety?				
How long have you had your pet?	Was your pet a rescue: Y N		Was your cat ever feral? Y N		
Feeding Instructions (amounts, times per day, etc.):			Is your pet potty-trained?		Y N
Health Concerns/Food Allergies:			Does your pet "mark?"		Y N
Medications:			Is your pet allowed on furniture?		Y N
Quirky Behaviors:			Is your pet crate trained?		Y N
			Does your pet chew?		Y N

MORE PETS or MORE INFO?

PLEASE USE THE BACKSIDE OF THIS FORM TO COMPLETE PET'S INFORMATION or ADD MORE PETS.

DOG WALKING SERVICES

Command used to go potty:	Does your dog come when called? Y N	Does your dog know his/her name? Y N
How does your dog walk on a leash? Does your dog "pull?"		
How does your dog react around other dogs, cats or small animals? (Please include mealtime, walks, socially)		

LOCATION OF IMPORTANT ITEMS

Item	Location
Leash/cat carrier/crate/bags:	
Pet food and treats:	
Cleaning supplies:	
Disposal of litter box contents:	
Thermostat:	Breaker box:

PET BEHAVIOR AND SAFETY OF PET SITTER

_____ (Initial) I certify that my pet has not harmed or shown aggressive or threatening behavior toward any person or any other animal. If unsigned, please explain:

PLEASE INDICATE ANY BEHAVIOR THAT THE PET SITTER SHOULD BE MADE AWARE OF IN ORDER FOR THE PET SITTER TO BE SAFE AT ALL TIMES: (For example: Cat will bite if tummy is rubbed; or, dog growls if you try to take away his toy.)

Y N HAS YOUR DOG EVER BEEN IN AN ALTERCATION WHERE YOUR DOG OR THE OTHER DOG WAS INJURED?
PLEASE EXPLAIN:

TRIPS TO PARKS?

Yes No _____ (initial) AUSTIN PET SITTING SERVICES SITTER HAS OWNER'S PERMISSION TO TRANSPORT PET TO DOG PARKS. I understand that if a AUSTIN PET SITTING SERVICES Sitter takes my dog to the dog park with my signed permission, my unleashed dog will not be covered through AUSTIN PET SITTING SERVICES Insurance for that duration at the dog park, and I will be fully responsible for any endangerment to my dog, to other dogs, and to anyone involved with an entanglement. _____ (SIGN here)

Yes No _____ (initial) AUSTIN PET SITTING SERVICES SITTER HAS OWNER'S PERMISSION TO TRANSPORT PET TO PARKS/TRAILS FOR LEASHED HIKES. All dogs will be leashed on hikes and will be covered under AUSTIN PET SITTING SERVICES insurance.

CLIENT KEYS

AUSTIN PET SITTING SERVICES prefers to keep *two sets* of Client keys on file to simplify arrangements for future visits. One set will be kept in a home office safe, and the other set will travel with the pet-caregiver. If you do not release two sets of keys and a locksmith is obtained due to a lock-out, loss of key, or key breaks, you are fully responsible for the fees rendered by a locksmith. If you prefer, you may release one key and share with pet sitter the location of a hidden key outside the house.

Please initial one of the following (You must initial one of the following statements for this contract to be valid):

_____ I release two sets of keys

_____ I release one set of keys and have shared with pet sitter the location of a hidden key or will give Garage/House Keypad Code: _____

_____ I release one key and am fully aware that it is my responsibility to pay for all fees associated with obtaining a locksmith so that the pet service agreement may not be compromised while I am away.

Also, please initial one of the following:

_____ I release my house keys to AUSTIN PET SITTING SERVICES to retain on file. I may revoke this release at any time, at which time my keys will be returned.

_____ I would like AUSTIN PET SITTING SERVICES to return my house keys after the current service is completed. _____ I understand there is a \$10 fee for AUSTIN PET SITTING SERVICES to make an extra trip to return keys post service. (Please include in payment.)

If keys are to be left post last scheduled visit in or near the client's home, or with neighbor, please indicate:

Note: It is not advised for owner to direct AUSTIN PET SITTING SERVICES to leave key locked inside house in the case that client incurs a delay in return and pet sitter cannot get back inside the house without a locksmith to extend the date of service.

DO ANY NEIGHBORS HAVE A KEY TO YOUR HOME IN CASE OF SEVERELY INCLEMENT WEATHER? Y N

If so, please provide name/address/phone/email: _____

***Please Note: If anyone else has access to your home while the pet-sitting job is being performed (other than for an inclement weather situation); AUSTIN PET SITTING SERVICES can assume no liability for any damages or losses to your home or pet(s).**

CAMERAS/ALARM SYSTEM IN YOUR HOME?

Y N CAMERA LOCATIONS: _____

Y N ALARM SYSTEM Access Code: _____ Alarm Password & Instructions: _____

EMERGENCY CONTACT INFORMATION ONE MUST BE LOCAL

1) Name:	Email:	Cell:	Home:
Address:		Relationship:	
2) Name:	Email:	Cell:	Home:
Address:		Relationship:	

MEDICAL EMERGENCY SERVICES

Veterinarian's Name/Clinic:	Phone:	Address:
Please describe any known medical or physical problems, including allergies:		
Permission to bring Pet to Vet: Y N Is there a limit on amount of \$ to be spent (if you can't be reached)? \$		

TERMS & CONDITIONS

The parties herein agree as follows:
In the event of early return, Client must notify AUSTIN PET SITTING SERVICES promptly to avoid being charged for unnecessary visits.
____ Initial
Services agreed upon with AUSTIN PET SITTING SERVICES (to be filled out at Meet & Greet with Pet Sitter):
Number of Visits/Walks: _____ Total \$: _____
Number of Overnights: _____ Total \$: _____
Other Services & Pricing: _____
(Note: Holiday Surcharges of \$10/overnights and \$3/regular visit.)

All payments must be paid on or before the first day of service.

Cash & Check (made out to the specific Pet Sitter) are all accepted.

Thank You.

TERMS OF CONTRACT

Please read carefully and initial each section in order for this contract to be valid for all services from the date of first service and for all future services rendered by AUSTIN PET SITTING SERVICES, or until contract is terminated by either party.

___ (Initial) **AUSTIN PET SITTING SERVICES** agrees to exercise due and reasonable care in the execution of the services provided to the Client. If the animal(s) becomes ill while under our care, you will be notified at once. If you cannot be reached, we will attempt to notify the emergency contact. If the animal's condition requires immediate action, we have the right to notify the veterinarian listed on the information sheet. If we cannot contact the listed veterinarian, we have the right to call a veterinarian of our choice and/or transport the animal to a veterinarian in either case. All veterinarian's fees are payable in full by you.

___ (Initial) In addition, **AUSTIN PET SITTING SERVICES** shall not be responsible for the pet's welfare when it will not return to the house or enclosure if we have been instructed to let the pet out for exercise. The fee owed under this agreement shall be earned and payable even though we are unable to perform the services because of the animal's behavior (running off, vicious behavior, etc.) if we have made a reasonable effort to perform the necessary service.

___ (Initial) **AUSTIN PET SITTING SERVICES** shall not be responsible for the injury or death of any animal(s), except in those instances where we have been guilty of willful or wanton negligence in the performance of our services.

___(Initial) **AUSTIN PET SITTING SERVICES** is not responsible for damages and expenses resulting from chewing, scratching and/or multiple accidents at the client's home. Furthermore, **AUSTIN PET SITTING SERVICES** has authority to treat any problems, which arise in the best possible way deemed by the **AUSTIN PET SITTING SERVICES** pet sitter, and the client assumes full financial responsibility for any and all expenses involved.

___(Initial) **In the case whereby the pet sitter is injured by the client's pet, the client is responsible for all medical expenses.** Client agrees to indemnify, hold harmless and defend the pet sitter.

___ (Initial) we sometimes job share with other **AUSTIN PET SITTING SERVICES** pet sitters, which will, in most cases, be arranged prior to Client's departure. Also, in the event of personal emergency or illness of pet sitter, Client authorizes **AUSTIN PET SITTING SERVICES** to arrange for another qualified, insured and bonded, **AUSTIN PET SITTING SERVICES** pet sitter to fulfill responsibilities set forth in this contract. Every attempt will be made to notify Client of such situation.

___ (Initial) if you return from your trip early, *you must notify us immediately*. If you do not notify us and the sitter arrives for the next scheduled visit, then you will be charged for that visit at the set rate. Client understands that this contract also serves as an invoice and takes full responsibility for prompt payment.

___ (Initial) **AUSTIN PET SITTING SERVICES** retains the right to terminate this contract at any time before or during its term if **AUSTIN PET SITTING SERVICES**, in its sole discretion, determines that a danger exists to the health or safety of the Pet Sitter. If concerns prohibit pet sitter from caring for pet, Client authorizes pet to be placed in a kennel with all charges therefore to be charged to Client. Every attempt will be made to notify Client regarding such situation.

___ (Initial) Client authorizes this signed contract to be a valid approval for future services of any purpose provided by this contract permitting **AUSTIN PET SITTING SERVICES** to accept telephone reservations for services, and to enter premises without additional signed contract or written authorization.

I certify that I have read and understand the policies of AUSTIN PET SITTING SERVICES as set forth in this Service Contract. I agree to its content:

Client Name: _____

Client Signature: _____ Date: _____