

Client Profile

Client Name: _____

Address: _____

City, State, Zip code: _____

Mailing Address (if different from home address): _____

E-Mail address: _____

Cell phone(s): _____

Do you own or rent your home? () Own () Rent If rent , landlords name and telephone: _____

Emergency contact	Relationship	Telephone	Key to Home
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_____ () Yes () No

Do you have a security system? () Yes () No

If "Yes", alarm company's name and phone number _____

Entry Code: _____ Exit Code: _____ Password: _____

Location of panels: _____ Other alarm instructions: _____

Locations of: Gas shut off valve: _____

Water shut off valve: _____

Fuse or breaker box: _____

Pet food: _____

Litter: _____

Leash and crate/carrier: _____

Would you like me to take your garbage out on pick-up day? () yes () no Pick up day _____

Would you like me to retrieve your mail&/or paper? () yes () no

If "yes" where is your mailbox and is it locked? _____ () yes () no

If "yes" where will you leave the key? _____ Box # _____

House plants / outdoor plants / yard: **There will be an extra charge if extensive.**

Indoors: () none () Water plants if we are gone for _____ days or more. () Do not water

If "Water plants", specify locations _____

Outdoors: () Water plants/yard if we are gone for _____ days or more. () Do not water

House Care: Do you want: () Blinds/curtains opened and closed () leave as found

() TV or radio on while you are away

() Lights left on at night

() lights on timers, leave as found

How did you hear about my services? _____

Client signature

Date

Dog Profile

Client Name: _____

Pet Name: _____ () Dog () Other: _____

Breed: _____ () Estimated

Description: _____

Sex: Female Male is this animal spayed or neutered? () Yes () No

Weight: _____ () Estimated

Age: _____ () Estimated

Rabies Vaccination Expiration Date: _____ Microchip Company & Number: _____

Temperament w/ strangers () Excited () Friendly () Aloof () Cautious () Defensive () Mean

To the best of your knowledge, has this pet ever acted aggressively towards anyone? () Yes () No

If "yes" explain: _____

How confident are you that this pet will not bite or act aggressively towards me? _____

Favorite Hiding Place(s): _____

Favorite treat to reward good behavior: _____

Favorite Activities: _____

Other care Instructions: _____

Physical conditions or Problems to be alert for: _____

Feeding Instructions

Type and Brand of food

Amount

Time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Medications

Medication

Strength

Dosage

Time

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

In the event you don't return who will take in your pet: _____

In the event of your pet's death, what do you want done with the remains: (check all that apply)

- () Notify you immediately () Leave message on answering machine () Don't notify me
() Take to Veterinarian to hold until your return () Necropsy to determine cause of death

I certify that all of the above is true and correct to the best of my knowledge, and that I will notify JPetsits of any changes to the above prior to the commencement of any Service Period.

Client Signature

Date

Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require urgent treatment during your absence and we are unable to contact you at the time.

Client Name: _____

Address: _____

Email address: _____

Cell Telephone: _____

Other Telephones: _____

To Whom it may Concern:

I have contracted with JPetsits for pet sitting services during my absence and I authorize JPetsits to act on my behalf to request veterinary treatment and services if necessary and to act as an intermediary for information regarding my pet.

I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet.

Pet Name	Description	Maximum Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In the event that multiple pets require treatment, do not exceed a combined total of \$ _____

Client Signature

Date

JPetsits reserves the right to utilize the services of any available veterinary clinic. If time permits, we will utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic. Please have a current credit card on file with your vet.

Client name that pet(s) may be listed under if different from above _____

Primary Veterinary Clinic _____

Emergency ER used is Atascadero Vet Hospital

Address: _____

Telephone: _____

JPetSits

Pet Care Service Agreement

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 JPetSits at least 24 hours prior to the final visit to avoid being charged for unnecessary visit(s). In the event of change of departure date Client must notify JPetSits at least 24 hours prior to the first scheduled visit to avoid being charged for cancelled visits.
2) The fee per visit is \$_____ x _____ (#of visits), plus any assessed fees \$_____ = Total Fee of \$_____. Any additional visits made or services performed shall be paid for at a mutually agreed upon rate.
3) JPetSits is authorized to perform care and services as outlined on this contract. JPetSits 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, JPetSits is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse JPetSits for expenses incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed.
4) JPetSits 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 JPetSits except those rising from negligence or willful misconduct on the part of JPetSits.
5) Client understands this contract also serves as an invoice and takes full responsibility for prompt payment of fees upon completion of services contracted. A late charge of \$20.00 per month will be added to unpaid balances after fifteen (15) days. A handling fee (\$30) will be charged on all returned checks. Clients with a history of late payment will be required to pay in advance before services are rendered. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
6) In the event of a personal emergency or illness of Pet Sitter, Client authorizes JPetSits to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Client will be notified in such a case.
7) Should Pet Sitter be bitten or otherwise exposed to any disease, ailment or injury from Client's animal or premises, it will be the Client's responsibility to pay all costs and damages incurred by victim.
8) In the event that JPetSits is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock, or the failure of the Client to leave a key, it will be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives JPetSits the authority to employ a locksmith on Clients behalf in the event of the aforementioned occurrences.
9) JPetSits reserves the right to terminate this contract at any time before, or during, its' term if JPetSits, in its sole discretion, determines that Clients' pet poses a danger to the health or safety of Pet Sitter. If concerns prohibit JPetSits from caring for pet, Client authorizes pet to be placed in a kennel, with all charges from there to be charged to Client.
10) Client authorizes this signed contract to be valid for future services of any purpose provided by the this contract permitting JPetSits to accept telephone, or email, reservations for service and enter premises without additional signed contract or written authorization.

I have reviewed this Service Contract for accuracy and understand the contents of this form.

Date

Client Signature

Pet Sitter Signature

PLEASE NOTE: The utmost of care will be given in watching both your pet(s) and your home. However, due to 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 pet(s) with access to the outdoors. All pets are to be currently vaccinated with proof of vaccination(s) available.