PAWBLEM ❖ SOLVED
The Pet Nanny Solution
Redmond   Bellevue   Kirkland

PET SITTING SERVICES CLIENT AGREEMENT AND INFORMATION

Name/s: _____

Address: _____

_____ _____

_____ _____

Home Phone: (_____)_____

Work Phone: (_____)_____

Cell Phone: (_____)_____

Email: _____

Emergency Contact: _____

Location of Extra Key: _____

Alarm Deactivation Code: _____

Alarm Activation Code: _____

Alarm Company Name: _____

Alarm Company Phone: _____

I agree that I have requested that_____take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: $

I understand that payment is due upon the completion of services.

Owner's Signature: _____

Owner's Name (please print): _____

Date: _____

PET SITTING ASSIGNMENT INFORMATION

Date of first visit: _____

Date of last visit: _____

Number of visits per day: _____

Total number of visits:

Daily visits:_____

Additional duties (please circle those you would like to request):

      Bring in mail/papers

      Water plants

      Put out trash cans/recycling

      Other

Where can we reach you?

Address: _____

Phone: _____

Email: _____

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

_____

_____

Additional Notes:

_____

_____

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:
Description:
Age:
Medical conditions/medication:

Pet's Name
Description:
Age:
Medical conditions/medication:

Pet's Name:
Description:
Age:
Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that _____
take the pets to:

Veterinary Office Name:
Address:
Phone Number:

Alternate Veterinary Office Name:
Address:
Phone Number:

I give permission to _____ *to approve treatment up to $* _____ .

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize _____ *to take my pet/s to another veterinary office for treatment. I understand that* _____ *cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

This agreement is valid starting on the date below whenever _____ *cares for my pets:*

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____