



General Information

Client Information

Name: _____

2nd Name: _____ Relationship: _____

Primary Phone: _____ (txt? YES) Secondary Phone: _____

Email: _____

Address: _____

Emergency Contacts

Name: _____ Phone: _____ Key? YES

Name: _____ Phone: _____ Key? YES

Name: _____ Phone: _____ Key? YES

Home Information

Others authorized to enter home or premise (maid, etc):

Mail:

Leave On: _____ Key? YES Key location/box#: _____

Location of mailbox kiosk: _____

Security alarm YES

Company name: _____ Phone: _____

Code: _____ Password: _____

TV or Radio On? YES Located/Frequency: _____

Water house plants? YES Located/Frequency: _____

Water outdoor plants? YES Located/Frequency: _____

Garbage day: _____ Recycle day: _____

Cans/bags/dumpster located: _____

Code to garage or other secured area: _____



General Information

Alternate lights? YES NO

In House? YES NO

Porch? YES NO

Notes: _____

Location of:

Water shut-off: _____

Fuse Box: _____

Doors or windows that remain unlocked or open? (*We assume no liability for theft or break-in if they are left unlocked or open unattended.*)

Other home care instructions:

Keys

To pick up and return keys client will be charged \$10.00 for travel to and from their house.

Where: _____ client's initials _____

Return to (location, neighbor, Lockbox, etc...) where? _____ client's initials _____

Keep key on file with pet sitting service for future use: _____ client's initials _____

Veterinary Information

Veterinarian's Name: _____

Veterinarian's Address: _____

Veterinarian's Telephone Number: _____

X _____
Signature

Date



Pet Profile *(submit for each pet)*

Please answer the following brief questionnaire about your pet. It will help us better to care for them.

I have _____ pets:

General Pet Information

Cat Dog Other: _____

Pet's Name: _____ **Nickname:** _____

Age: _____ **Breed(s):** _____

Color/Markings: _____ **Gender:** _____ **Neutered / Spayed:**

Rabies Tag #: _____ **Tattoo No.:** _____

Micro chipped: YES

Please specify any restrictions that should be placed on your pet's activities?

Is your pet on any medications that must be administered? YES

If yes, please describe any medication procedures and the name and dosage of the medication and where it is kept: _____

Does your pet have allergies? YES

If yes, please specify: _____

Does your pet have any existing medical issues we need to be aware of or is your pet being treated for a medical issue currently? YES

If yes, please specify: _____

Does your pet have any behavioral issues we need to be aware of? YES

If yes, please specify: _____

Feeding Instructions

What brand of food(s) does your pet eat? _____

How much food does your pet eat? _____

When does your pet eat? _____

Where does your pet eat? _____

Does your pet stop eating when stressed? YES

Is it common for your pet to skip meals? YES

If necessary, please explain how I should handle this: _____

Special feeding instructions: _____

Can you take a food based item away from your pet without incident? YES NO

Can you take water away from your pet without incident? YES NO

If your dog guards either food, treats or water, no matter how minimal the behavior, please explain how to handle these situations safely:



Pet Profile *(submit for each pet)*

Handling and Access Instructions

Is your pet allowed outdoors? YES NO

Does your pet have a favorite hiding place? YES _____

Is there something that will bring her/him out of hiding when called and not responding (i.e. the sound of the can opener or treat jar, etc...)? _____

Does your pet like to be held? YES NO Petted? YES NO

Are there any areas on your pet's body that does not like to be touched by humans (ears, paws, etc...)? _____

Does your pet get frightened by unfamiliar or loud noises? YES NO

If yes, please explain: _____

Does your pet try to escape? YES NO

Is there any type of person (mailperson, service person, etc.) or pet (specific breed, male, female, etc.) your pet routinely dislikes or fears? YES NO

If yes, please explain: _____

Please describe any additional information that will help me provide your pet with his/her everyday routine:

Pet Release

If you are authorizing release of your pet to someone other than you please provide the name, telephone number and address of that individual below. Please note we cannot, for the safety of the pet, release an animal without this information:

Name: _____

Address: _____

Telephone No.: _____ Date pet to be picked up: _____

Signature: _____

Office Use Only: _____

Pet Released to: _____

Released on (Date / Time): _____

Pet sitter Signature: _____

Released To Signature: _____



Call When Home Policy *(Required)*

Call When Home Agreement

The safety of your pets is our primary concern. We do everything in our abilities to ensure their safety. If your trip is delayed for any reason, please contact us immediately so we can make accommodations. A last minute convenience fee will be assessed if we are not given ample notice. We believe that your pets need to be visited the number of times agreed upon during the day.

While we certainly anticipate that you will be arriving home on the date you provide to us, we understand that there will occasionally be circumstances beyond your control that will prevent you from returning on the indicated date. If this happens, please call us and we will absolutely extend past the predetermined visits to care for your pets.

That said, we ask that you call us when you arrive home. We will also leave a small note reminding you to call. This covers an unforeseen event in which you do not arrive home and cannot notify us of this situation.

IF WE DO NOT HEAR FROM YOU ON YOUR ARRIVAL DATE, WE WILL ATTEMPT TO CONTACT YOU. IF YOU ARE UNREACHABLE, WE WILL AUTOMATICALLY EXTEND YOUR VISITS TO ENSURE THE SAFETY AND WELFARE OF YOUR PETS. IF WE ARRIVE AT YOUR HOME, AND YOU ARE EITHER AT HOME OR HAVE ARRANGED FOR OTHER CARE FOR YOUR PETS; WE WILL CHARGE YOU FOR AN EXTRA VISIT AND ANY OTHER CHARGES THAT MIGHT APPLY.

I understand and fully agree with this policy, and will assume all liability from charges arising from this policy.

Signature: _____ Date: _____



Travel Information

Departure

What date and time are you departing? _____

Flying? YES NO

If yes, please provide your airline information, flight number, departure time and arrival time:

Arriving Home

What date and time are you scheduled to arrive home? _____

Flying? YES NO

If yes, please provide your airline information, flight number, departure time and arrival time:

What is the preferred method of contact for you on this trip? Please note if you will be unavailable.

Home phone: _____ Work phone: _____

Cell: _____

Email: _____

Has any of your information we have on file changed since your last trip or are there any special instructions for this visit?

No change / No special instructions

By signing, I agree that all of the information above is accurate.

Signature: _____ Date _____



Current Pet Sitting Arrangement

PAYMENT DUE AT START OF SERVICE
ADDITIONAL DAYS CAN BE SETTLED POST-VISIT

Dates of visits

Trip 1 _____ through _____

Trip 2 _____ through _____

Trip 1

First visit:

AM Midday PM Overnight

Last visit:

AM Midday PM Overnight

Daily Visiting Instructions:

AM Midday PM Overnight

Trip 2

First visit:

AM Midday PM Overnight

Last visit:

AM Midday PM Overnight

Daily Visiting Instructions:

AM Midday PM Overnight

Special Instructions:

By signing, I agree that all of the information above is accurate.

Signature: _____ Date _____

Daily visits start at \$17.00/day*
Overnight visits start at \$50.00/night*

*based on a 1 or 2 pet household. Prices are subject to change.



Veterinarian Release Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Charlotte Parker before service dates.

Your Name: _____
Address: _____
City: _____ ZIP: _____
Home phone: _____ Work phone: _____
Cell: _____
Email: _____

To whom it may concern: During my absence Charlotte Parker or a representative of Fidos and Felines will be caring for my pet(s). I give these representatives my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Charlotte Parker to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Domestic Animals: \$ _____

Specific limits on care:

Charlotte Parker and Fidos and Felines reserve the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to 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.

Veterinary Clinic: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____ Emergency Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Charlotte Parker and Fidos and Felines assume no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____ Date _____

Pet Sitting and Dog Walking Terms of Services and Liability Agreement



This agreement between _____ Hereinafter referred to as "Client" and _____ acting as agent for Fidos and Felines, LLC (hereinafter known as "Pet Sitter") pertains to the following:

Pet's Name: _____ Breed/Colors: _____
Pet's Name: _____ Breed/Colors: _____
Pet's Name: _____ Breed/Colors: _____
Pet's Name: _____ Breed/Colors: _____
Pet's Name: _____ Breed/Colors: _____
Pet's Name: _____ Breed/Colors: _____

For good and valuable consideration, the parties agree as follows:

Pet Sitting Fees

Client agrees to pay Pet Sitter a nonrefundable fee in the amount of \$_____ for a package of _____ sessions, to be paid at or before the first session.

- If client must reschedule or cancel a visit, it must be done by phone, text or email prior to 8 am on the day of scheduled visit, if not prior, that visit will be billed in full.
- For visits booked less than one business day (remove 24 hours) in advance there will be a \$10.00 last minute convenience fee added to that day(s) total.
- For weekly pet sitting and dog walking services, client is responsible for all monies due on a bi-weekly schedule as agreed upon here: _____
- **Please note:** Failure to pay on time will result in a late fee of \$20.00 for bills left unpaid in excess of two weeks.
- For sporadic visits or overnight visits, payment is due at start of visit. **No exceptions.**
- Pet Sits will occur within a 2 hour window of scheduled visit time.
- Overnight pet sits allow for a 12-hour overnight visit. (8pm - 8am, 9pm - 9am, etc...)
- At the discretion of Pet Sitter, Client may be billed an additional \$5 for additional time per visit (as needed) if over 3 pets in household.
- Pet Sitter reserves the right to terminate relations with any Client without refund at our discretion for the following reasons:
 - The Client is disrespectful to our staff, clients, or family members.
 - The Client is disrespectful or inhumane to their pet.
 - The Client does not follow our instructions.
 - The Client does not provide adequate care instructions.
 - The Client endangers any animal, or human.
 - The Client uses physical force or punishment with any animal or person.
 - The Client does not provide approved walking equipment for their pet. (Please see Supply List for information).
 - The Client does not inform the Pet Sitter of visitors who may have access to the home while Client is away.
 - The Client does not inform the Pet Sitter of medical or behavioral issues prior to visits.
 - The Client continually fails to leave payment for visits.

Pet Sitting and Dog Walking Terms of Services and Liability Agreement



Pet Sitter agrees to provide pet sitting, dog walking, home care, pet transports, administration of medicine, other: _____ for Client.

If Pet causes property damage, or bites or inures any dog, cat, animal or person (including but not limited to Pet Sitter and her agents), during or after the term of this Agreement, then Client agrees to pay all resulting losses and damages suffered or incurred by Pet Sitter and her agents and to defend and indemnify Pet Sitter and her agents from any resulting claims, demands, lawsuits, losses, costs or expenses, including attorney fees. If Pet is injured in a fight or in any other manner during or after the term of the Agreement, Client assumes the risk and agrees that Pet Sitter should not be held responsible for any resulting injuries, losses, damages, costs or expenses.

At Pet Sitter's sole election, Pet Sitter's duties hereunder shall terminate if (a) in Pet Sitter's sole judgment Pet is dangerous or vicious to Pet Sitter or any other person or animal. Client breaches any term or condition of this Agreement. Upon termination in accordance with the foregoing, Pet Sitter's duties shall terminate but all other provisions of this Agreement shall continue in full force and effect.

This Agreement is binding upon Client, spouse of Client, and children of Client. This agreement supersedes all prior discussions, representations, warranties and agreements of all parties, and expresses the entire agreement between Client and Pet Sitter regarding the matters described above. The parties confirm that, except for that which is specifically written in this Agreement, no promises, representations or oral understandings have been made with regard to Pet or anything else. Without limiting the generality of the foregoing, This Agreement may be amended only by a written instrument signed by both Client and Pet Sitter. Any remedy provided in this Agreement is in addition to any and all other remedies provided by law or equity. If any provision of this agreement is invalid, void or unenforceable, they will be severed and the remaining provisions shall be given full force and effect.

Client inquiries are accepted by phone, email or text, however, please be aware and courteous of our office hours which are 9am-6pm.

Executed on this _____ day of _____, 20_____.

Pet Sitter:

Client:

(Print name)

(Print name)



Supply List

Below please find a listing of the supplies, which we recommend that you have easily accessible for your pet professional:

CANINES

1. Dog Food and/or Treats;
2. Leash and Collar in good working condition with Identification and State/Local License tags
****Please note, if your dog is able to slip their collar, please provide a martingale-type collar, or body harness.*
3. Poop Bags
4. Toys
5. Brush and Comb
6. Drying Towel and Paper Towels
7. Garbage Bags
8. Cleaning supplies (i.e.-dishwashing soap, mop, enzymatic cleaner, paper towels, etc...)
9. Note Pad and Pen
10. Pet Profile and Special Instructions

FELINES

Same as above plus

1. Cat Food and/or Treats
2. Litter and Scooper and disposal instructions
3. Toys
4. Brush and Comb
5. Paper Towels

ALL PETS

It is recommended if your pet is geriatric or has ongoing medical issues that you contact your veterinarian and make payment arrangements prior to leaving on your trip.

NOTE

Should your pet sitter have to purchase pet food, you will be charged for all such sundries and our \$27 per hour shopping fee plus the cost of the food.

Thank you very much for your prompt attention in this matter. If you have any questions, please do not hesitate to contact us via phone, text or email. We will return messages and phone calls within 24 hours. Our hours of operation are from 8am to 6pm.