

# FURRY FRIENDS PET SITTING

## VETERINARIAN AUTHORIZATION

Vet \_\_\_\_\_ Pets Name/Names \_\_\_\_\_

During my various absences, Furry Friends Pet Sitting will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to \_\_\_\_\_, the owner of Furry Friends Pet Sitting *Client Initials* \_\_\_\_\_

---

## FURRY FRIENDS PET SITTING Urgent 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 such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify Furry Friends Pet Sitting before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from (Company Name) during my absence and I authorize (Company Name) to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: \_\_\_\_\_

Furry Friends Pet Sitting reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
FURRY FRIENDS PET SITTING

# FURRY FRIENDS PET SITTING

## Service Contract

### The parties hereto agree to the following:

1. **Client** agrees to contact **Furry Friends Pet Sitting** 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.
2. **Client** agrees to notify **Furry Friends Pet Sitting** in the event **Client** is delayed in returning home. **Client** further agrees to pay **Furry Friends Pet Sitting** for any additional visits required until **Client** returns home.
3. **Client** authorizes **Furry Friends Pet Sitting** 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 **Furry Friends Pet Sitting**.
4. If the pet(s) become ill while under the care of **Furry Friends Pet Sitting**, and medical care is needed in the best judgment of **Furry Friends Pet Sitting**, **Client** authorizes **Furry Friends Pet Sitting** to transport the pet(s) to **Client's** veterinarian (or one who is available). **Client** authorizes **Furry Friends Pet Sitting** to approve any emergency treatment recommended by said veterinarian when the cost of treatment is within the limits authorized in a Veterinarian Release Form. **Client** authorizes (**Furry Friends Pet Sitting** 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 **Furry Friends Pet Sitting** for any expenses incurred for any medical treatment or emergency care.
5. **Client** releases **Furry Friends Pet Sitting** from all liability related to transportation, treatment, or expenses, resulting from any emergency or special needs as determined by **Furry Friends Pet Sitting**.
6. **Furry Friends Pet Sitting** 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 **Furry Friends Pet Sitting** unless arising from deliberate negligence on the part of **Furry Friends Pet Sitting** or their representative(s).
7. **Client** agrees to pay **Furry Friends Pet Sitting** the total fee for services to be rendered upon signing this contract. A \_\_\_-hour advance notice is required for cancellations in order to receive a full refund credit, less any consultation fees and less a \$\_\_\_ cancellation fee. Refund Credits expire \_\_\_ months from the date issued. Fees for Holiday bookings are non refundable. No cash refunds will be made.
8. **Furry Friends Pet Sitting** 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  indicate 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.
9. **Client** agrees to reimburse **Furry Friends Pet Sitting** for the cost of materials necessary for satisfactory performance of duties; and/or for any emergency expenses incurred resulting there from.

10. **Client** agrees to pay **Furry Friends Pet Sitting**, at the then current hourly rate, currently \$28, for trips to purchase necessary pet supplies, food, and/or to handle emergencies.
11. In the event of incompatibility, personal emergency, illness, injury, or unavailability on the part of **Furry Friends Pet Sitting**, **Client** authorizes **Furry Friends Pet Sitting** 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 **Furry Friends Pet Sitting** for additional costs incurred, if any, due to providing alternative care of **Client's** pet(s).
12. **Client** agrees to pay **Furry Friends Pet Sitting** the regular per visit rate, or daily rate, for any additional, necessary or unnecessary, visits made due to Client not notifying **Furry Friends Pet Sitting** upon their return home.
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.
14. The term **Furry Friends Pet Sitting** as used herein refers to the officers, owners, principals, employees, and subcontractors of the company known as **Furry Friends Pet Sitting**.
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.

**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.

---

1. \_\_\_\_\_  
Date Representative of **Furry Friends Pet Sitting**

\_\_\_\_\_  
**Client** Date

**PRICING & CANCELLATION POLICY: TERMS & CONDITIONS**

1) PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

\*i.e. Gas price fluctuations or other special circumstances\*

2) SERVICES REQUESTED LESS THAN 24 hrs. ADVANCE NOTICE ARE SUBJECT TO A \$20 LATE BOOKING FEE

3) MAJOR HOLIDAYS INCLUDE A NON -REFUNDABLE DEPOSIT TO HOLD YOUR RESERVATION.

\*A \$10 SER-CHARGE is applied to MAJOR HOLIDAYS\*

4) CANCELLATION POLICY: Cancellation of SERVICES must be submitted in a 72hr advice notice prior to service start date for a refund

5) RESERVATION DEPOSIT: Must be SUBMITTED within 24hrs After being received to GUARANTEE your BOOKING & SERVICES

---

Client Signature

Date

---

Furry Friends Signature

Date

## 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: \_\_\_\_\_

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 instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#2

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#3

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#4

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

### EXERCISE/OUTSIDE:

Walks? Y/N Locations? \_\_\_\_\_ Leash locations: \_\_\_\_\_

Type of fence: Electric: \_\_\_\_\_ Wood: \_\_\_\_\_ Chain Link: \_\_\_\_\_ None: \_\_\_\_\_ Other: \_\_\_\_\_

### PET CLEAN-UP:

Litter box location & instructions: \_\_\_\_\_

Accident clean-up instructions: \_\_\_\_\_

(particular spot remover/cleaner?)

**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 # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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? \_\_\_\_\_

Lights rotated: Y/N Where? \_\_\_\_\_

TV/Radio left on for pet(s): 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	_____ (Company Name)	_____ (Client)
---------------	-------------------------	-------------------

\*\$10.00 surcharge per day for major holidays (Thanksgiving, Christmas Eve, Christmas, New Year's Eve, New Year's Day, Easter Sunday, Memorial Day, Fourth of July, Labor Day)