



How did you hear about Pet's Pal? \_\_\_\_\_

**CUSTOMER INFORMATION**

NAME: \_\_\_\_\_ PHONES

ADDRESS: \_\_\_\_\_ HOME: \_\_\_\_\_  
 \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL 1: \_\_\_\_\_ CELL 1: \_\_\_\_\_

EMAIL 2: \_\_\_\_\_ CELL 2: \_\_\_\_\_

VET SERVICE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT 1: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ KEY TO HOUSE:? YES NO

EMERGENCY CONTACT 2: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ KEY TO HOUSE:? YES NO

ENTRY KEY RECEIVED AND TESTED? DEADBOLT YES NO DOORKNOB YES NO

**OK TO KEEP KEY ON FILE FOR FUTURE RESERVATIONS? YES NO Not Needed**  
*(If I have to make a separate trip to pick up keys after the initial pet sit, the charge will be \$5 to pick up & \$5 to return keys)*  
**IF NO, KEY RETURN INSTRUCTIONS:**

**ENTRY INFORMATION**

DOOR TO ENTER AND EXIT PREMISES: \_\_\_\_\_

SECURITY ALARM LOCATION (1) \_\_\_\_\_ (2) \_\_\_\_\_

ENTRY CODE (1)	EXIT CODE (1)		ENTRY CODE (2)	EXIT CODE (2)	PASSWORD

NAME OF ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER INSTRUCTIONS:



**DATES & TYPE OF SERVICE NEEDED**

**FOR YOUR FIRST VISIT**

**VACATION SERVICE**

FROM: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

TO: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

NUMBER OF VISITS PER DAY: \_\_\_\_\_

TIME OF DAY FOR EACH: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

WHERE ARE YOU GOING? \_\_\_\_\_

CONTACT NUMBER? \_\_\_\_\_ TRAVELING BY: \_\_\_\_\_

**MIDDAY LET OUT SERVICE**

DAY OF THE WEEK: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_

NUMBER OF VISITS PER DAY (if multiple needed): \_\_\_\_\_

APPROXIMATE TIMES FOR EACH: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

*(These times can't be guaranteed, but I will try to be as close to them as possible, except for holidays.)*

**OVERNIGHT STAY**

FROM: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

TO: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



**WHO MIGHT HAVE ACCESS TO OR VISIT YOUR PROPERTY DURING YOUR ABSENCE?**

CLEANING SERVICE:

\_\_\_\_\_

DAY OF WEEK:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

KEYS?      Yes      No

POOL SERVICE:

\_\_\_\_\_

DAY OF WEEK:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

KEYS?      Yes      No

GARDENING/LAWN SERVICE:

\_\_\_\_\_

DAY OF WEEK:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

KEYS?      Yes      No

FAMILY or OTHERS:

\_\_\_\_\_

DAY OF WEEK:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

KEYS?      Yes      No



**OPTIONAL SERVICES AVAILABLE**

PUT GARBAGE/RECYCLE BINS ON STREET? YES NO

- PICK UP DAYS: \_\_\_\_\_
- LOCATION OF BINS: \_\_\_\_\_

PICK UP MAIL/NEWSPAPERS? YES NO

- MAILBOX KEY RECEIVED AND TESTED? YES NO
- MAILBOX # \_\_\_\_\_ LOCATION: \_\_\_\_\_
- WHERE DO YOU WANT MAIL PLACED? \_\_\_\_\_

TURN ON/OFF A RADIO OR TV? YES NO

WATER HOUSEPLANTS OR OTHER PLANTS? YES NO

ANSWER PHONE OR CHECK MESSAGES? YES NO

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**IN CASE OF AN EMERGENCY OR SERVICE INTERRUPTION:**

1. LOCATION OF BREAKER BOX \_\_\_\_\_
2. LOCATION OF WATER SHUT OFF \_\_\_\_\_
3. GAS COMPANY & EMERGENCY NUMBER \_\_\_\_\_

**IN CASE OF POWER FAILURE CHECK THE FOLLOWING:**

1. \_\_\_\_\_
2. \_\_\_\_\_



**IN CASE OF A MEDICAL EMERGENCY** (Choose one or write in your own instructions)

Please provide our pet with any treatment necessary, we will be responsible for the related charges.

Please provide emergency treatment, but do not exceed \$\_\_\_\_\_ before speaking to us or our emergency contact.

Do not provide any additional care without permission from us or our emergency contact.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Special Instructions:

**In the unlikely event that your pet has passed on, what instructions should I follow?**

Take pet to the vet until you can pick up.

Take pet to the vet for normal disposal.

Take pet to the vet for private cremation.

Other:

**What should I do if YOU don't return home?**

**LOCKSMITH Authorization:**

In the event of a lockout, owner authorizes Pet's Pal Petsitting, to acquire a locksmith to gain entry to owner's property to perform animal care. If it's due to faulty lock, owner agrees to reimburse Pet's Pal Petsitting within 5 days of return home.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



## Service Terms and Conditions

1. Pet's Pal Petsitting will not be liable for loss, injury or illness to any pet(s) who has unsupervised access to the outdoors or for any damage done to property by said pet(s).
2. If owner arranges for other friends or family members to share pet sitting duties or have access to your home while you are away, Pet's Pal Petsitting accepts no responsibility for the security of your home, pets or property.
3. Owner shall disclose all pertinent information about the pet(s) in regards to: past aggressive behavior or fears, illness or injury, vaccination, known allergies, unusual behavior, digging out of yard, hiding places and ability to be an escape artist. Owner accepts liability for additional costs resulting from failure to disclose this information.
4. Owner shall ensure there are enough supplies for pets while away. If more supplies are needed, Pet's Pal Petsitting shall purchase them for you and will add the cost, plus a surcharge, if applicable, to the invoice.
5. Emergency visits to the veterinarian and time spent looking for runaway pet(s) shall be charged at a rate of \$15.00 per half hour.
6. In your pet's best interest and because sometimes delays happen, services and fees will continue until owner contacts Pet's Pal Petsitting at 832-656-4401 upon return home, so **PLEASE CALL WHEN YOU GET BACK** to discontinue service. If Pet's Pal Petsitting has not been notified of your return and makes an extra trip, the cost will be **\$40 in addition to the normal visit cost, so MAKE THAT CALL!!**
7. In the best interest and for the safety of your pet(s), Pet's Pal Petsitting reserves the right to determine the best use of visits in cases of inclement weather. Such weather can be, but is not limited to: extreme heat, extreme cold, thunderstorms, tornados or any other weather that may not be safe for your pet(s) or the Pet's Pal sitter. Your pet(s) will still receive the full visit time; however, more time may be spent inside with the pet(s) instead of outside.
8. Pet's Pal Petsitting reserves the right to schedule visits as I see fit for the health and happiness of the pet(s). Requests for certain times for morning, noon or evening visits will be accepted but not guaranteed. Time of visits may vary to accommodate pets requiring medication or dogs who do not have access to the outside.
9. Pet's Pal Petsitting requests a contact near your home that has a key and can gain entrance to your home. This is for the unlikely event of an emergency when I cannot get to your home at the appointed time. In the event of a personal illness or emergency, Pet's Pal Petsitting will arrange for another qualified pet sitter to fulfill the agreed upon responsibilities.
10. Pet's Pal Petsitting's fees are based on driving distance or driving time as well as time required to ensure pets get plenty of TLC and other services requested. These needs and rates are normally decided during a get-acquainted telephone call and visit with your pet(s) at your home.
11. Your invoice will be left in a designated spot in your home with a stamped self-addressed envelope. Please mail payment as soon as you return since services will have already been provided. **If payment is not received in 15 days, a 20% late fee will be added when the second invoice is mailed out to you.**
12. Business hours and visits shall be 6:30 a.m. to 8:30 p.m. Any visits requested before or after these hours are at the discretion of Pet's Pal Petsitting and may be subject to a higher rate. These hours are subject to change.
13. Once your reservation is booked, that time is yours. As a result, I need as much notice as possible if you should cancel. Pet's Pal Petsitting does not charge a cancellation fee at this time; however, one may be added depending on the circumstances or frequency of cancellations.
14. Pet's Pal Petsitting does not charge higher rates during Holiday periods. This policy is subject to change.

**This signed agreement shall serve as approval for Pet's Pal Petsitting to accept future reservations and enter premises without additional written authorization. I agree to the above-mentioned terms of this contract.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



PET INFORMATION

NAME	TYPE	COLOR	AGE	SEX	FIXED	FOOD	MEDICATION	ALLERGIES	Notes

Special Instructions: