



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

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 – *Cost only to stabilize pet until you can be reached*
(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 their home during their absence, Pet's Pal Petsitting accepts no responsibility for the security of the home, pets or property.
3. Owner shall disclose all pertinent information about the pet(s) regarding: 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 will purchase them and will add the cost, plus a surcharge, to the invoice.
5. Emergency visits to the veterinarian and time spent looking for runaway pet(s) shall be charged at a rate of \$20.00 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 OR TEXT 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 fee**, so MAKE THAT CALL OR SEND THAT TEXT UPON ARRIVAL HOME!
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 necessary for the health and happiness of the pet(s). Requests for specific times for visits will be accepted but not guaranteed. Time and number 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 or inclement weather when the sitter 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.
11. The final invoice will be left in a designated spot in your home with a stamped self-addressed envelope. Please mail payment as soon as possible once you return since services will have already been provided in good faith. **If payment is not received within 15 days, a 20% late fee will be added when the second invoice is sent to you.**
12. Business hours and visits shall generally be 8:00 a.m. to 11:00 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. Business hours are subject to change.
13. Once your reservation is booked, that time is yours. As a result, Pet's Pal Petsitting needs as much notice as possible for a cancellation. 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, however, visit times will usually be shorter to accommodate the higher demand for services at those times. All pets will have their needs met, however, the sitter may not be able to spend additional time beyond what it takes to feed and allow for potty breaks.

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: _____

Print Name: _____

Signature: _____



PET INFORMATION

Date Completed: _____

NAME	TYPE	COLOR	AGE	SEX	FIXED	FOOD - quantity and frequency	MEDICATION	ALLERGIES

Location of food:

Location of cleaning supplies:

Notes and Special Instructions: