

SOUTH HILL PET SITTING, LLC

33 East 34th Avenue, Spokane, WA 99203 Phone: 624-1640 dbrush@cet.com www.southhillpetsitting.com

Services Contract

CLIENT INFORMATION								
Name _____ Spouse/Other _____								
Address _____ City _____ Zip _____ E-Mail Address _____								
Home Phone _____ Work Phone _____ Cell Phone _____								
Date and Hour Leaving Town _____ Date and Hour Returning Town _____								
Where can you be reached? (Place, Phone #) _____								
IMPORTANT: WE MUST HAVE A PHONE NUMBER OR WAY TO REACH YOU								
In case of emergency, inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?								
Name _____ Address _____ Phone _____								
Others who have access to home (including phone #) _____ Relationship _____								
Landlord _____ Cleaning Service _____ Contractors _____								
Primary door to be used _____ Location of fuse box/circuit breaker _____								
Location of water shutoff valve _____ Replacement light bulbs located _____								
Is there a security system in place? YES NO Alarm Company's Name/Phone _____								
Access Code _____ Password (you may wish to assign one unique to South Hill Pet Sitting) _____								
Alarm instructions on entry _____ On exit _____								
HOME CARE INFORMATION (Please check)								
Bring in Mail	Newspaper	Alternate Lights	Curtains/Blinds	Water Indoor Plants	Water Outdoor Plants	TV/Radio	Bird Feeder	Trash (Enter Pickup Day)
Additional Comments or Instructions:								
BASIC FEES: (CHARGES MAY VARY BASED ON ADDITIONAL PETS, MILEAGE, OR SPECIAL NEEDS)								
3 visits/day (breakfast, dinner, bedtime) \$40.00								
2 visits/day \$30.00								
1 visit/day \$20.00								

Interview Appt: _____

- KEY RECEIVED AND TESTED**
- NO KEY-Garage Code/Other**

KEY RETURN

- Return by mail
- Keep for future pet sitting
- Leave on final visit
- In person
- Garage door opener
- Alarm keypad
- Other _____

In the event that Pet Sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

PET CARE INFORMATION

Pet's Name	Breed/Color	Age/Sex Spay/Neuter	Personality (Fears/Phobias)	AM Diet (measured amt)	PM Diet (measured amt)	Medications/ Instructions	Current On Shots?	Restrictions
Vet Preference _____ Phone _____				DOGS: Leash location _____ Knows how to walk on leash? Yes No				
Pet food/ located _____ Treats _____				Is walking part of your dog's normal routine? Yes No Dog Door? Yes No				
Cleaning supplies for indoor "accidents" located _____				How long do you typically walk? _____				
Old towels for wet/muddy paws located _____				Feeding area _____ Favorite toys _____				
How do pets react to your absence from home? _____				CATS: <input type="checkbox"/> Indoor only <input type="checkbox"/> Outdoor only <input type="checkbox"/> Both Travel carrier _____				
Will pet care responsibility be shared with anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No				Feeding area _____ Favorite toys _____				
If yes, name _____ phone# _____				Litter box location and disposal supplies _____				
Details of job sharing arrangement: _____								
In the event of your pet's death during your absence, what arrangements should be made? _____								
PLEASE NOTE: The utmost care will be given in watching both your pets and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pets with access to the outdoors.								

TERMS AND CONDITIONS

The parties herein agree as follows: The initial term of this Contract shall be from _____ through _____

In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visits.

FEES:	1 visit/day	_____ x \$ _____	= \$ _____	*Any additional visits made or services performed shall be paid for at the agreed Contract rate.
	2 visits/day	_____ x \$ _____	= \$ _____	*One-half deposit required (due before services are performed) with balance due in full upon Client's return.
	3 visits/day	_____ x \$ _____	= \$ _____	
	TOTAL		= \$ _____	

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| <ol style="list-style-type: none"> Pet Sitter is authorized to perform care and services as outlined in this contract. Pet Sitter is also authorized by signature below to seek emergency veterinary care with release from all liabilities related to transportation, treatment and expense. Should specified veterinarian be unavailable, Pet Sitter is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Pet Sitter/Company for expenses incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pets and home. Pet Sitter/Company will be held harmless for consequences related to such decisions. Pet Sitter agrees to provide the services stated in this Contract in a reliable, caring 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 said Pet Sitter/Company except those arising from negligence or willful misconduct on the part of the Pet Sitter/Company. Client understands this Contract also serves as an invoice and takes full responsibility for prompt payment of fees upon completion of services contracted. A finance charge of 1.5% per month will be added to unpaid balances after thirty (30) days. A handling fee (\$20) will be charged on all returned checks. | <ol style="list-style-type: none"> Clients with a history of late payments will be required to pay in advance before services are rendered. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection. In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this Contract. Client will be notified in such a case. All pets are to be currently vaccinated. Should Pet Sitter be bitten or otherwise exposed to any disease or ailment received from Client's animal which has not been properly and currently vaccinated, it will be the Client's responsibility to pay any costs and damages incurred by victim. Pet Sitter/Company reserves the right to terminate this Contract at any time before or during its term, if Pet Sitter/Company, in its sole discretion, determines that Client's pet poses a danger to the health or safety of Pet Sitter. If concerns prohibit Pet Sitter from caring for pet, Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Client authorizes this signed Contract to be valid approval for future services of any purpose by this Contract permitting Pet Sitter/Company to accept telephone reservations for service and enter premises, without additional signed contracts or written authorization. |
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SOUTH HILL PET SITTING, LLC

DATE

CLIENT SIGNATURE

By: _____
Don L. Brush

