



Pet Care Contract

20067 Lakeview Drive Lawrenceburg, IN 47025 * 812-290-6249 * amyb@petstaysitting.com

Name(s) _____ Home Phone _____

Address _____ Work Phone (Self) _____

_____ Work Phone (Partner/Spouse) _____

Email _____ Cell/Pager _____

How did you hear about PetStay? _____

Vet's Name _____

Vet's Phone and Address _____

Local Emergency Contact(s) Please circle yes or no if they have a copy of your house key.

Name: _____ Relation: _____ Phone: _____ Key Y N

Name: _____ Relation: _____ Phone: _____ Key Y N

Name: _____ Relation: _____ Phone: _____ Key Y N

Should we be expecting anyone in your home during your absence? Yes / No

If yes, Who?: _____

Will we be keeping a permanent copy of your key? Yes / No

If you want your key returned, please circle the number of your preferred method:

1) Drop off at home after service ends (\$3 charge if not in Hidden Valley Lake) 2) Mail 3) I will pick up key

Circle Door of Entry: Front Door Side Door Back Door Garage Door

To be locked: Deadbolt Door Handle Both

Alarm System Panel(s) Location: _____

Alarm Company: _____ Phone Number: _____

Entry and Exit Code: _____ Reset Code/Word: _____

Bring in the mail? Yes / No

Bring in packages? Yes / No

Bring in newspaper? Yes / No

Alternate Lights? Yes / No Alternate blinds/curtains? Yes / No Water Plants? Yes / No Other _____

Take out garbage? Yes / No Garbage Day _____

Take out recycling? Yes / No

Pet 1: Name _____ Dog / Cat / Other: _____

Male / Female _____ Spay / Neuter _____ Breed: _____ Color _____

Description/Distinguishing Features _____

Age/Birthday _____ Favorite toy / treat _____

Feeding Instructions (amount, time of day, vitamins, etc..) _____

Walking Instructions (if applicable) _____

Special Handling (ex: medications, special quirks, deaf/blind, object guarding, medical conditions, hiding places, fears/phobias, Etc.) _____

Pet 2: Name _____ Dog / Cat / Other: _____

Male / Female _____ Spay / Neuter _____ Breed: _____ Color _____

Description/Distinguishing Features _____

Age/Birthday _____ Favorite toy / treat _____

Feeding Instructions (amount, time of day, vitamins, etc..) _____

Walking Instructions (if applicable) _____

Special Handling (ex: medications, special quirks, deaf/blind, object guarding, medical conditions, hiding places, fears/phobias, Etc.) _____

Pet 3: Name _____ Dog / Cat / Other: _____

Male / Female _____ Spay / Neuter _____ Breed: _____ Color _____

Description/Distinguishing Features _____

Age/Birthday _____ Favorite toy / treat _____

Feeding Instructions (amount, time of day, vitamins, etc..) _____

Walking Instructions (if applicable) _____

Special Handling (ex: medications, special quirks, deaf/blind, object guarding, medical conditions, hiding places, fears/phobias, Etc.) _____

Additional Comments/Instructions:

I do hereby waive and release Petstay Sitting Service from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of Petstay Sitting Services. Petstay Sitting Services agrees to provide all services in a kind, reliable, and trustworthy manner. In the case of inclement weather or a natural disaster I authorize Petstay Sitting Services to use reasonable judgment for the care and well-being of my pet(s) and/or house (unless I instruct otherwise.)

I attest that my pet(s) are up to date on all required shots. All primary vet information has been provided to Petstay Sitting Services. I (**please circle**) *would / would not* prefer Petstay Sitting Services to transport my pet(s) to a veterinarian for medical assistance in the case of an emergency. I understand that all payment for any treatment is my responsibility.

I give permission to the pet sitting service to approve treatment up to \$_____

I understand that Petstay Sitting Service can terminate this contract if my pet becomes a threat to the safety or health of Petstay Sitting Service due to aggressive behavior. I entrust Petstay Sitting Service to contact me in any and all cases if this threat should arise. In the case that Petstay Sitting Services can not reach me, I authorize Petstay Sitting Service to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. Petstay Sitting Service reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. I am responsible to alert Petstay Sitting Service if any of the above information should change in the future. If anything changes from what is listed above I will inform Petstay Sitting Service before the next service is scheduled to begin.

This contract is valid for all future pet sitting services.

X _____ X _____ X _____
Signed Name Printed Name Date

X _____ X _____
Petstay Sitting Service Signature Date

