**PET SITTING SERVICE CONTRACT**

**CUSTOM CAT CARE**
**FROM SLEEP-EAS-ZZ**

**IN-HOME PET SITTING SERVICE**

**9660-138 FALLS OF NEUSE RD**

**PMB 215**

**RALEIGH, NC 27615**

**CELL: (919) 606-2907**

**PHONE/FAX: (919) 322-0690**

Please fill out all requested information and email, mail or fax it back to us. Note, if you are editing this document in a word processor you can type over the lined fields with your responses. Our email address is: sleepeaszz@nc.rr.com.

**CLIENT INFORMATION:**

Name:

Address:

City: State: Zip Code:

Home Phone:

Cell Phone:

Business Phone:

Email:

Website:

While away from home how can we reach you:       Phone:

In case of emergency, contact: Phone:

In case of inclement weather or natural disaster prohibiting travel, Sleepeaszz requires a nearby neighbor whom we can call to check on your pets. This person should be able to access your home.

Name:

Home phone:

Cell phone:

Will anybody else have access to your home while you’re away? Please provide their name and phone numbers:

Purpose of visit(s):

Location of fuse box and circuit breaker:

Location of main water cut off:

Location of security system:

Access Code:

Alarm Company’s Name and Phone:

Alarm instructions:

**Key access information:**

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

Key received and tested: YES / NO Key to be returned to Client: YES / NO

Key to be retained by pet sitter/company for future use: YES / NO

SIGNATURE:

Date:

Sleepeaszz keeps a key to Client’s premises until we have been notified that Client has returned home. An appointment is made for key return. We do not MAIL KEYS.

**HOME CARE INSTRUCTIONS**

**\*\* Mark the ones that apply \*\***

Bring in mail: YES / NO

Bring in newspaper: YES / NO

Alternate lights: YES / NO

Alternate curtains: YES / NO

Water indoor plants: YES / NO

Water outdoor plant’s (small charge for service): YES / NO

Tend to outside bird feeder: YES / NO

Turn TV or Radio on or off for pet’s comfort: YES / NO

Take garbage to curb: YES / NO What day:

Other needs:

**PET CARE INFORMATION**

Pet(s) name: breed:

Color: Sex: MALE / FEMALE Age:

Is your pet(s) spayed or neutered? YES / NO

Personality traits of each pet:

Do you want us to brush your pet? YES / NO

Give the Location of your pets brush:

How does your pet(s) react when you are away from home, around children/adults and other pets:

Does your pet have a history of illness or biting or aggressive behavior?

YES / NO

Is there any reason we or others should approach your pet(s) with caution?

 YES / NO

Is your pet(s) current on all their shots? YES / NO

If not is there a reason for it?

Is your pet(s) on any medications? YES / NO

What are they?

Which pet receives them?

Please give detailed instructions for each medication:

* **Please note:** We are pet sitters and not Veterinarians and can not be responsible for any adverse reactions your pet may have to medications given according to Client’s directions and in your absence from your home.

Please give the color of your pet(s) collar, or harness:

Does your pet have and use an electric fence collar? YES / NO

Is your pet(s) secured by a fenced in yard? YES / NO

Does your pet(s) have access to a pet door? YES / NO

Does your pet(s) have a favorite toy they enjoy playing with?

What are the feeding instructions for (all) your pet(s)?

Does your pet(s) receive any treats?

Are there any restrictions or allergies?

Location of food, treats, medications, leashes, litter and litter box(s) cleaning supplies and waste pick up bags?

Instructions for cat litter box cleanup, and desired location of disposal of waste products:

**FOR DOGS ONLY (Optional)**

Does your dog respond to any voice commands? YES / NO

Does your dog chase cars, cats, or other animals? YES / NO

Does your dog pull hard on a leash? YES / NO

Has your dog pulled out of his leash? YES / NO

Does your dog ware a doggie coat in wet weather? YES / NO

How does your dog react in rain, ice or snow and does this effect the way he/she takes a potty break?

**FOR CATS ONLY**

Does your cat try to get out of the house? YES / NO

Does your cat lash out at strangers? YES / NO

Does your cat enjoy playing strings? YES / NO

Does your cat spray or go outside of the litter box? YES / NO

Is your cat declawed? YES / NO

Do you have a special way you call your cat(s)?

Additional Instructions that may be helpful to your pet sitter:

**AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS**

During my absence, I , hereby authorize pet sitter or company to seek medical treatment for my animal(s). I (client) will remain responsible to pay all medical expenses weather directly to the provider of medical treatment or to designate sitter agent within five days of the date on which such expenses are incurred.

**SIGNATURE**: **DATE**:

**AUTHORIZATION TO GIVE SIMPLE MEDICATIONS TO MY PET(S) ACCORDING TO MY DIRECTIONS IN MY ABSENCE:**

**SIGNATURE**: **DATE**:

**AUTHORIZATION FOR ADMISSION TO MY PRIVATE RESIDENCE OR RENTAL APARTMENT IN ORDER (S TO PROVIDE CARE TO MY ANIMAL)**

**SIGNATURE**: **DATE**:

**VET NOTIFICATION**

**Dear Dr.**  , this is to inform you that I

have contracted the services of Custom Cat Care from Sleep Eas...Zz,

From       to      , or on going through out the year.

Should my pet(s) require medical attention while under the care of my designated pet sitter/company, I author you to extend treatment. I will be responsible for payment of your veterinary service to my pet(s).

**Pet owner’s signature**: **Date**:

**Exclusions**:

**Name’s of pet(s):**

**TERMS AND CONDITIONS**

1. Pet sitters and company is authorized to perform pet care and related services as outlined in the contract. The pet sitter and company is also authorized by clients signatures above and below to seek emergency veterinary care for there pets with a release form. The company and pet sitters cannot be held liable for cost related to transportation, treatment or expenses. Should the clients specified veterinarian be unavailable, the company and sitters are authorized to approve medical and / or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse company / pet sitters for all expenses incurred for medical, travel expenses, food or cleaning supplies needed for the pet welfare.
2. In the event of inclement weather, natural disaster or national emergency, the designated pet sitter

Is entrusted to use his or hers best judgment in caring for the clients animals and home. The pet sitter and company shall not be held responsible for consequences related to any of his or her decisions. However, the sitter and or company shall make every effort to provide the best possible

care as soon as possible. If a neighbor or friend has been provided as a back up contact, the company shall make every effort to contact said persons to check on the clients animals.

1. In the event of a personal emergency or serious illness involving the designated pet sitter or

Company, the client authorizes the pet sitting company to contact and arrange for another person to stand in for the sitter and fulfill the designated tasks as set forth in the service agreement. Every attempt shall be made to inform the client. All guide lines shall apply to stand in sitter and sitter can not be held responsible for problems or expenses related to the care of client’s animals.

1. The pet sitter and company agrees to provide the best possible services, as stated and agreed to in

the contract, in a reliable and responsible manner. We as a company will do our very best to provide a caring spirit in a trustworthy manner. In consideration of the services and as an express

Condition thereof, the client expressly waives and relinquishes any and all claims against said sitter or company except those arising out negligence or willful misconduct on the part of the pet sitter or company.

1. The client has been made aware of and fully understands that prompt payment for contracted

Services are required on or before the first day of scheduled service. Payment is accepted in cash or check. (A client may date the check any time between the first and last day of service). All checks are made out to **Mardella Berg**.

If further charges are applied during client’s absences that directly relate to there pets needs, an additional invoice will be provided for the clients convenience. The client may send the balance through the mail to **Custom Cat Care from Sleepeaszz at 9660-138 Falls of Neuse Rd, PMB 215, Raleigh, N.C. 27615**

Unpaid balances shall be **charged a 5% finance charge after 30 days from last day of service.**

**A retuned check fee of $30.00 shall apply to all returned checks.** **In the event that collection** **becomes** **necessary the client(s) shall be held responsible for any and all fees incurred by any Legal procedures.**

1. **I, the client(s) have received and reviewed the service contract provided by Custom Cat Care from SleepEas..zz In-Home Pet Sitting** **Service and understand the contents and conditions therein**.

**Pet owner’s signature**: **Date**:

**Pet Sitter Company** : **Date**:

**CUSTOM CAT CARE FROM SLEEPEAS..ZZ IN-HOME PET SITTING SERVICE**

**BONDED-LICENSED-INSURED**

**CELL: 919-606-2907 | PHONE/FAX: (919) 322-0690**

EMAIL-SLEEPEASZZ@NC.RR.COM **|**  [WWW.SLEEPEASZZ.COM](http://WWW.SLEEPEASZZ.COM)