

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, Sleeppeaszz 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 wear 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.

- 3) 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.

- 4) 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.

- 5) 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 Sleepeszz 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 returned 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.

6) 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