

Donna's Dog Walking & Pet Sitting
Peabody, Massachusetts 01960
(978) 535-1805

SERVICE AGREEMENT

Client: _____ Home Phone _____ Work Phone _____

Complete Address: _____

Pet Information: Name: _____, Breed: _____ M/F: _____, Age: _____, Weight: _____

Pet Information: Name: _____, Breed: _____ M/F: _____, Age: _____, Weight: _____

Can we reach you if necessary? (where?) _____ Phone _____

Emergency Contact: _____ Phone _____

Does anyone else have a key to your home? _____ Who? _____

Security system instructions, if any: _____

Pet(s) Feeding Instructions: _____

Location of Pet(s) Food: _____ Walking Instructions: _____

Medications to Administer: _____

Any medical/health concerns: _____

Can your Pet(s) have treats? _____

Veterinarian Name/Address/Phone: _____

If unable to reach your Vet in the event of an emergency, may I use another? _____

Would you like any of the following services provided? Mail/Paper brought in _____ Plants Watered _____
Lighting Rotated _____ When? _____

KEY: Leave on final visit _____ Kept by *Donna's Dog Walking & Pet Sitting* for future service _____ Mailed _____

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PET CARE:

1. I authorize *Donna’s Dog Walking & Pet Sitting* to perform pet sitting services for my pet(s) as outlined on “Service Booking Sheet”, which shall become part of this Agreement.
2. If Client’s pet(s) become ill, while under the care of *Donna’s Dog Walking & Pet Sitting*, I authorize *Donna’s Dog Walking Pet Sitting* to care for my pet(s), to transport my pet(s) to my veterinarian (or one who is available) if this is needed in her best judgment. I authorize *Donna’s Dog Walking & Pet Sitting* to approve any emergency treatment recommended by the veterinarian. I release *Donna’s Dog Walking & Pet Sitting* from all liabilities related to transportation, treatment and expense.

LIABILITY:

1. *Donna’s Dog Walking & Pet Sitting*, its employees or independent contractors, agree to provide and services stated in this Agreement in a reliable 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 *Donna’s dog walking & pet sitting* and its employees or independent contractors, unless arising from negligence.
2. *Donna’s Dog Walking & Pet Sitting*, its employees or independent contractors, shall not be held responsible for the loss, injury or death of any cat(s) that the Client has let outside, or has instructed *Donna’s Dog Walking & Pet Sitting* to allow outside.
3. It is expressly understood that *Donna’s Dog Walking & Pet Sitting* shall not be held responsible for any damage to property caused by Client’s pet(s) during the period in which they are in its care. I have advised *Donna’s Dog Walking & Pet Sitting* or other situations what will relieve it of liability for damage.
4. If a dog has a history of biting, *Donna’s Dog Walking & Pet Sitting* reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The Client will be liable for medical care expenses and damages that result from an animal bite to the sitter.

PAYMENT

1. A non-refundable 50% deposit is required when scheduling your pet(s) for pet sitting at the home of *Donna’s Dog Walking & Pet Sitting*
2. Payment to *Donna’s Dog Walking & Pet Sitting* will be paid at the end of the contract period by cash or check.
3. I agree to reimburse *Donna’s Dog Walking & Pet Sitting* for any expenses incurred for any unexpected food or other special needs.
4. I understand that if there is an unpaid balance of over thirty (30) days for pet sitting *Donna’s Dog Walking & Pet Sitting* will be unable to care for my pet(s) until the balance is paid in full.

FUTURE SERVICES:

This Agreement will remain valid for future services with *Donna’s Dog Walking & Pet Sitting* to accept my telephone reservations without additional signed agreements or written authorization.

DEFAULT:

In the event of a breach of any terms and conditions of this Agreement by the Client, should *Donna’s Dog Walking & Pet Sitting* be forced to pursue collection efforts, civil proceedings and/or institute litigation as a result of breach herein, Client shall be liable for any and all compensatory damages under this agreement and all costs, expenses and reasonable attorneys fees incurred by *Donna’s Dog Walking & Pet Sitting*

The Client fully understands the contents of this agreement and, by signing below, takes full responsibility for payment in full upon completion of services agreed.

DATED: _____

_____**Client**_____ *Donna’s Dog Walking & Pet Sitting* -----