



ESTELLA'S PET SITTING

602-738-0009

ThePetSitter4U.com

Email: ThePetSitter4U@earthlink.net



SERVICE PROFILE & CONTRACT

CUSTOMER INFORMATION:

CUSTOMER#:

Your Name:	Home Phone: - -
Spouse/Partner Name:	Work Phone (Self): - - Ext:
Address:	Cell Phone (Self): - -
City: State: AZ ZIP:	Work Phone (Spouse/Partner): - -
Email:	Cell Phone (Spouse/Partner): - -

How did you find us? (Web, Dex, Yellow Book, Friend, Flyer, Rescue, Vet or Other):

Should we be expecting anyone in your home during your absence? Yes No
(Maid, Cleaning Service, Other) If yes, please specify:

Key(s) received and tested: Yes No, how many?___ Estella's Pet Sitting signature _____

- Client understands that there is an additional fee of \$15 to pick up key if Client is unable to deliver or provide the key to Estella's Pet Sitting at time of contract signing.
- In the event that Estella's Pet Sitting is required to employ a locksmith to gain entry into client's premises due to a malfunction of the lock or failure of the client to leave a working key, client shall reimburse all expenses incurred.

Do you want us to keep a copy of your keys on file? Yes No

Only if you want your keys returned after service ends. (Please check your preferred method)

Pick up Deliver in person (\$15)

Door of Entry (Check One): Front Door Side Door Back Door Garage Door

Lock: (Check One) Deadbolt Door Handle Both

Check only if you have an attached garage. Door from garage to house keep: Locked Unlocked

Where is your mailbox Located:

Bring in mail? Yes No

Bring in packages Yes No

Bring in newspaper Yes No

Take out trash container? Yes No Color:___ Take out on which night?

Take out recycle container? Yes No Color:___ Take out on which night?

Page ___ of ___

Please Let Estella's Pet Sitting Number The Pages

Rev: 8/6/06

BONDED AND INSURED

Estella's Pet Sitting

Pet Profile #1

Please complete one for each pet.

Pets Name: Dog Cat Other: Age: Birthday:

Male Female Spayed/Neutered: Yes No Breed: Color:

Unique Features: Collar Color:

Tags: Yes No Microchipped: Yes No

This pet has current vaccinations?: Yes No

Estella's Pet Sitting has examined vaccination Documents. Yes No Pet Sitter Sign_____

Feeding Instructions (amount, times of day, etc.):

What Brand(s) and/or types of food do you feed this pet:

Treats or Food Toy:

Favorite Toys or Games:

Food Allergies/Restricted Foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency):

Has your pet ever been aggressive to anyone in the past? Yes No

If Yes, Please Explain:

Exercise Instructions (Walk Frequency or Play in Yard?):

Tricks My Pet Knows:

Restricted Access (Rooms or Furniture):

Will Your Pet Be Crated At Any Point During Our Service? Yes No

If Yes, When?:

Litter Care – Litter Box Location:

(When to Scoop Solids/Totally Change):

This Pet Loves To:

This Pet Hates To:

Special Handling / Other Notes (examples: Special Quirks, Deaf/Blind, Object Guarding, Food Aggression, Dog Aggression, Storm Anxiety, Hiding Places, Fears/Phobias, Etc.)

Page ___ of ___

Please Let Estella's Pet Sitting Number The Pages

Rev: 8/6/06

BONDED AND INSURED

Estella's Pet Sitting

Pet Profile #2

Please complete one for each pet.

Pets Name: Dog Cat Other: Age: Birthday:

Male Female Spayed/Neutered: Yes No Breed: Color:

Unique Features: Collar Color:

Tags: Yes No Microchipped: Yes No

This pet has current vaccinations?: Yes No

Estella's Pet Sitting has examined vaccination Documents. Yes No Pet Sitter Sign_____

Feeding Instructions (amount, times of day, etc.):

What Brand(s) and/or types of food do you feed this pet:

Treats or Food Toy:

Favorite Toys or Games:

Food Allergies/Restricted Foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency):

Has your pet ever been aggressive to anyone in the past? Yes No

If Yes, Please Explain:

Exercise Instructions (Walk Frequency or Play in Yard?):

Tricks My Pet Knows:

Restricted Access (Rooms or Furniture):

Will Your Pet Be Crated At Any Point During Our Service? Yes No

If Yes, When?:

Litter Care – Litter Box Location:

(When to Scoop Solids/Totally Change):

This Pet Loves To:

This Pet Hates To:

Special Handling / Other Notes (examples: Special Quirks, Deaf/Blind, Object Guarding, Food Aggression, Dog Aggression, Storm Anxiety, Hiding Places, Fears/Phobias, Etc.)

Estella's Pet Sitting

Pet Profile #3

Please complete one for each pet.

Pets Name: Dog Cat Other: Age: Birthday:

Male Female Spayed/Neutered: Yes No Breed: Color:

Unique Features: Collar Color:

Tags: Yes No Microchipped: Yes No

This pet has current vaccinations?: Yes No

Estella's Pet Sitting has examined vaccination Documents. Yes No Pet Sitter Sign_____

Feeding Instructions (amount, times of day, etc.):

What Brand(s) and/or types of food do you feed this pet:

Treats or Food Toy:

Favorite Toys or Games:

Food Allergies/Restricted Foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency):

Has your pet ever been aggressive to anyone in the past? Yes No

If Yes, Please Explain:

Exercise Instructions (Walk Frequency or Play in Yard?):

Tricks My Pet Knows:

Restricted Access (Rooms or Furniture):

Will Your Pet Be Crated At Any Point During Our Service? Yes No

If Yes, When?:

Litter Care – Litter Box Location:

(When to Scoop Solids/Totally Change):

This Pet Loves To:

This Pet Hates To:

Special Handling / Other Notes (examples: Special Quirks, Deaf/Blind, Object Guarding, Food Aggression, Dog Aggression, Storm Anxiety, Hiding Places, Fears/Phobias, Etc.)

Page ___ of ___

Please Let Estella's Pet Sitting Number The Pages

Rev: 8/6/06

BONDED AND INSURED

Estella's Pet Sitting

Pet Profile #4

Please complete one for each pet.

Pets Name: Dog Cat Other: Age: Birthday:

Male Female Spayed/Neutered: Yes No Breed: Color:

Unique Features: Collar Color:

Tags: Yes No Microchipped: Yes No

This pet has current vaccinations?: Yes No

Estella's Pet Sitting has examined vaccination Documents. Yes No Pet Sitter Sign_____

Feeding Instructions (amount, times of day, etc.):

What Brand(s) and/or types of food do you feed this pet:

Treats or Food Toy:

Favorite Toys or Games:

Food Allergies/Restricted Foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency):

Has your pet ever been aggressive to anyone in the past? Yes No

If Yes, Please Explain:

Exercise Instructions (Walk Frequency or Play in Yard?):

Tricks My Pet Knows:

Restricted Access (Rooms or Furniture):

Will Your Pet Be Crated At Any Point During Our Service? Yes No

If Yes, When?:

Litter Care – Litter Box Location:

(When to Scoop Solids/Totally Change):

This Pet Loves To:

This Pet Hates To:

Special Handling / Other Notes (examples: Special Quirks, Deaf/Blind, Object Guarding, Food Aggression, Dog Aggression, Storm Anxiety, Hiding Places, Fears/Phobias, Etc.)

**NEXT TO EACH ITEM BELOW LIST WHERE THE ITEM
CAN BE FOUND AND ANY APPLICABLE INSTRUCTIONS.**

- | | |
|--|--|
| <input type="checkbox"/> Leash | <input type="checkbox"/> Pet Carriers For Transport |
| <input type="checkbox"/> Dog Brush | <input type="checkbox"/> Carpet Cleaner And Rag |
| <input type="checkbox"/> Crate | <input type="checkbox"/> Extra Paper Towels |
| <input type="checkbox"/> Treats | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Food | <input type="checkbox"/> Broom/Dustpan |
| <input type="checkbox"/> Food Bowl | <input type="checkbox"/> Extra Light Bulbs |
| <input type="checkbox"/> Medication
(Unless Meds Require Refrigeration) | <input type="checkbox"/> Towels To Wipe Off Pet If Raining |
| <input type="checkbox"/> Cat Litter | |

PLEASE PROVIDE THE LOCATION OF THE FOLLOWING ITEMS:

Main Indoor Trash Can:

Heat / AC Thermostat Location:

Main Water Shut Off Valve:

Circuit Breaker Box:

Fire Extinguisher:

Indoor Plant And Watering Directions:

Page ___ of ___

Please Let Estella's Pet Sitting Number The Pages

Rev: 8/6/06

BONDED AND INSURED

Home Security

Set Alarm? Yes No

Alarm System Panel(s) Location:

*Alarm Code:

*Password:

Disarm Instructions:

Arm instructions:

Alarm Company:

Phone: - -

*We will discuss alarm use at the pre-service meeting. Estella's Pet Sitting suggests you use a temporary house alarm code and password of our choosing, that way the code and password does NOT have to be written down.

Adjust Light or Window Coverings?: Yes No

Turn On TV/Radio?: Yes No

TERMS AND CONDITIONS:

This is a contract between Estella's Pet Sitting and the below named pet owner (hereinafter referred to as "Client") for the following services:

Length of Service / Itinerary:

When will Client be leaving? Date: Time:

When will Client be returning? Date: Time:

Dates of Service Requested? From: To:

Please provide itinerary, including hotel name and number.

Type of Service:

Vacation/Out of Town Service	\$18 X	Visits = \$	
Daily Dog Walking	\$15 X	Visits = \$	
Puppy Care	\$15 X	Visits = \$	
Pet Taxi – One-Way	\$15 (first 5 miles), \$3 per mile thereafter X		Miles = \$
Pet Taxi – Round Trip	\$25 (first 5 miles), \$3 per mile thereafter X		Miles = \$

All rates are subject to change without notice.

PET CARE:

Client authorizes Estella's Pet Sitting to perform pet and home care services as outlined in the Client Profile, Pet Profile and Veterinary Medical Care Release Form, which shall become part of this contract.

In the case of an emergency, inclement weather, or a natural disaster Client authorizes Estella's Pet Sitting to use reasonable judgment for the care and well being of Client pet(s) and/or house. Estella's Pet Sitting will be held harmless for consequences related to such decisions.

PAYMENT:

Client understands this contract also serves as an invoice and agrees to pay in full the total due under this contract prior to the first day of contracted service. Estella's Pet Sitting accepts cash, check and Paypal (Visa, Mastercard, Discover, American Express). A handling fee of fifty (\$50) will be charged on all returned checks. In the event it is necessary to initiate collection proceedings on the account, Client agrees to be responsible for all costs of collection, including but not limited to attorney's fees.

In the event of an early return home, Client has the right to decide if Client wishes to have Estella's Pet Sitting continue to care for Clients pets for the full term of the contract or to abbreviate (discontinue) the service. Client understands that FULL payment is still due as Estella's Pet Sitting has blocked out Clients time slot and may have declined other jobs for that time period. Client must notify Estella's Pet Sitting (602-738-0009) within 24 hours of returning home.

Page ___ of ___

Please Let Estella's Pet Sitting Number The Pages

Rev: 8/6/06

BONDED AND INSURED

LIABILITY:

Client hereby waives and releases Estella's Pet Sitting from any and all liabilities of any nature for the actions of Client, Client pet(s), or any other person who accompanies Client, or holds a key to Client home; except those arising from negligence or willful misconduct on the part of Estella's Pet Sitting. Estella's Pet Sitting agrees to provide all services in a kind, reliable, and trustworthy manner. Client agrees to notify Estella's Pet Sitting of any concerns within 24 hours of their return.

Client authorizes Estella's Pet Sitting to seek emergency veterinary care with release from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Estella's Pet Sitting for expenses incurred, plus any additional fees for time spent attending to this need at the rate of twenty-eight (\$28) per hour in case of such emergency. Client accepts responsibility for any charges related to this emergency care. Estella's Pet Sitting shall use the Client's preferred veterinarian indicated in the Veterinary Medical Care Release Form for this service. Should the client's preferred veterinarian be unavailable, Estella's Pet Sitting is authorized to approve medical and/or emergency treatment as recommended by an alternative veterinarian. Estella's Pet Sitting, in its sole discretion, reserves the right to take the Client's pet to an animal hospital if required. Every effort will be made to contact Client prior to obtaining medical care.

In the event of personal emergency or illness of pet sitter, Client authorizes Estella's Pet Sitting to arrange for another qualified person to fulfill responsibilities as set forth in this contract. Client will be notified in such case.

Client will provide proof that pet(s) is/are to be current on all required vaccinations. 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 all medical and related costs and damages incurred by Estella's Pet Sitting representative. All pets must have appropriate license and identification tags on their collars. Tags and licenses required by law are the sole responsibility of the pet owner.

The utmost care will be given in watching Client pets and Client home. However, due to the extreme unpredictability of animals, Estella's Pet Sitting cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e. biting, furniture damage, accidental death, etc.) or any complications in administering medication to the animal(s). Nor can Estella's Pet Sitting be liable for injury, disappearance, death, or fines of pet(s) with access to the outdoors. This service is a convenience to Client in lieu of 24/7 kennel/boarding service.

Client agrees to reimburse Estella's Pet Sitting for any supplies, including but not limited to pet food, if not provided by Client.

Client understands that Estella's Pet Sitting can terminate this contract if Client pet(s) becomes a threat to the safety or health of Estella's Pet Sitting due to pet(s) aggressive and/or unpredictable behavior. Estella's Pet Sitting will contact Client in any and all cases if this threat should arise. Client acknowledges that Client is responsible for medical expenses and damages resulting from an injury to a pet sitter, or other persons, caused by Client pet(s). In the event that Estella's Pet Sitting cannot contact Client, Client authorizes Estella's Pet Sitting to place Client's pet(s) in a licensed kennel with any and all charges incurred to be paid by Client. Estella's Pet Sitting reserves the right to refuse service to any client, at any time, for any reason.

Client attests that all of the Client information provided is true to the best of Client's knowledge. If anything changes from what is documented above, Client will inform Estella's Pet Sitting, in writing, before the next service is scheduled to begin. Clients written and signed changes will be added to this contract as an amendment.

This signed document gives Estella's Pet Sitting (and their representatives) authorization to enter the above listed address, as needed, to perform the necessary care, as outlined in this contract. Client authorizes this contract to be valid approval for services so as to permit Estella's Pet Sitting to accept all future telephone, mail or email reservations and enter Client home without additional signed contracts or written authorizations.

I have reviewed this service contract for accuracy and understand the contents of this form.

X _____ Date: _____ X _____
Client Signed Name Client Printed Name

Please make a copy of this contract for your records.
Estella's Pet Sitters will obtain and review this original at the pre-service visit.
Any Questions? Please Call: 602-738-0009 or email - PetSittingAZ@earthlink.net

Do not write below this line, office use only

- Total Keys on File: _____ Keys to be returned: _____
- Estella's Pet Sitting Signature: _____
- Date received by Estella's Pet Sitting: _____

BONDED AND INSURED