



Pet Sitter Etc. Contract

Parent's Name _____ Cell# _____
Address _____ City _____ Zip _____

1. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No

If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No

If so, please explain _____

- Is your pet aggressive? Yes No

If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No

If so, please explain _____

-What else should we know about your pet?

2. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No

If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No

If so, please explain _____

- Is your pet aggressive? Yes No

If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No

If so, please explain _____

-What else should we know about your pet?

Veterinarian _____ Phone _____
Address _____ City _____ Zip _____

Emergency Contact _____

Home # _____ Cell # _____

Address _____ City _____ Zip _____



WARNING! READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE PET SITTER ETC., THE K9 SPOT, REBECCA VOGELANG, EMPLOYEES AND/OR ANY RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ AND UNDERSTOOD IT IN IT'S ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

In consideration for Services offered by The K9 Spot, Pet Sitter Etc. division (Herein after referred to as "PSE") I make the following representations and agree to all the following policies, procedure, terms, and conditions. I agree that this entire contract shall be binding on me, all my successors, heirs, legal representatives, and assigns.

1. **MY PET'S FOOD.** I understand that PSE will feed Breakfast, Lunch, or Dinner to my dogs per our arrangements. All food must have feeding instructions left with the container.
2. **PHOTO & VIDEO RELEASE.** I allow PSE to use my pet's name & images for use, at any time, in any media, marketing, advertising, illustration, and trade or promotion materials.
3. **PERSONAL PROPERTY.** I agree that PSE shall not be responsible or liable for any lost, stolen or damage personal property belonging to either me or my pet.
4. **FEES.** I agree to pay for all fees, services, and products with the cash, check or credit card at the time of services.
5. **AGGRESSIVE PETS.** Although PSE loves all pets, I understand that if I have (an) aggressive pet(s) that PSE may still offer care but may not give hands on care. PSE also reserves the right to deny service if said pet puts PSE at risk. Please disclose if your pet has any aggressive behaviors. If an aggressive behavior results in injury, I understand I will be held accountable for all damages and expenses to the fullest extent of the law.
6. **DUTY OF DISCLOSE.** I have disclosed all medical or other conditions, included but not limited to personality concerns or behaviors that may affect my pet and services offered by PSE.
7. **ACCEPTANCE AND ACKNOWLEDGEMENT OF SERVICES.** I fully understand that there are inherent and potential risks involved with interactions between humans and pets, as well as between pets and other pets, which may result in property damage or bodily injury, including permanent disability, sickness or death to my pet(s) and there may be other risks not know to the owner or staff nor readily foreseeable at this time(Collectively "Risks") I fully accept and assume all risks and responsibility for all risks, including, without limitation, all loses, costs and damages incurred as a result of me or my pet's actions.
8. **VETERINARIAN LIABILITY AND CARE.** I allow PSE to obtain medical treatment for my pet(s), if, in the PSE staff member's sole discretion it appears that he/she is ill, injury or exhibits any other behavior that would reasonably suggest that my dog may need medical attention. I agree that I am fully responsible for the cost of any such medical treatment and the cost of transportation for said treatment, provided for my pet(s)
9. **NON-REFUNDABLE SERVICES.** All Services are non-refundable, included but not limited to Pet Sitting, Dog Walking Services purchased through PSE. I agree to cancel unneeded appointments at least 24 hours in advance, failure to do so will result in full payment for the scheduled services. If I pay for services & cancel prior the 24-hour grace period, my credit will be applied to a future service.

I hereby acknowledge and agree all the information provided in this form is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read and agree to all the terms and conditions in this Agreement. I hereby execute this agreement for my pet, myself, my heirs, successors, representatives, assigns and authorized persons. I further attest that if I am not the sole owner or representative of the pet subject to this application, which my signature is sufficient to enter into this agreement for and on behalf of any other owner or representative.

Printed Name _____
 Signature _____ Date ____/____/____