

Precious Pet Sitting



Precious Pet Sitting
Susie Peresh, Owner/Operator
Serving the Mid-Cities Area
(817) 915-3786
www.preciouspetsitting.biz

Service Agreement

Owner and Contact Information

| | | | |
|----------------------------------------------------|--------------|-------------|-----------|
| Owner's Name: _____ | email: _____ | | |
| Address: _____ | City _____ | State _____ | Zip _____ |
| Primary Contact Information/phone number(s): _____ | | | |
| Alternate/Emergency Contact Information: _____ | | | |

Special Access Information Does anyone else have your permission to access your home? Yes No
Gated Community and/or Security System: Yes No (If yes, please provide instructions): _____

Pet Information – Pet #1

| | |
|-----------------------------------------------------------|-------------|
| Name _____ | Breed _____ |
| Feeding Frequency, Instructions & Location of Food: _____ | |
| Special Needs or Health Concerns: _____ | |

Pet Information – Pet #2

| | |
|-----------------------------------------------------------|-------------|
| Name _____ | Breed _____ |
| Feeding Frequency, Instructions & Location of Food: _____ | |
| Special Needs or Health Concerns: _____ | |

Pet Information – Pet #3

| | |
|-----------------------------------------------------------|-------------|
| Name _____ | Breed _____ |
| Feeding Frequency, Instructions & Location of Food: _____ | |
| Special Needs or Health Concerns: _____ | |

Pet Information – Pet #4

Name _____ Breed _____

Feeding Frequency, Instructions & Location of Food:

Special Needs or Health Concerns: _____

Veterinarian Preference and Contact Information:

Which of the following FREE services would you like provided? Lights Rotated

Mail/Paper Retrieval Safe Key Service Email Notification Plants Watered Garbage (days) _____

Other Requests (charges may apply) _____

First Visit Dates: _____

Please Read Carefully and Initial

_____ I authorize Precious Pet Sitting to have access to my home in order to care for my pets and secure my property.

If my pet(s) become(s) ill, Precious Pet Sitting will notify you immediately; but, if in the case you cannot be reached in a critical emergency, I authorize Precious Pet Sitting to transport my pet(s) to an Animal Emergency Hospital, _____ to receive medical treatment and authorize

_____ Medical treatment by a certified veterinarian. I agree to pay all expenses incurred at emergency.

The following agreement will remain valid for future service, with the exceptions of any agreed upon changes in fees or frequency or total number of visits. The parties hereto agree as follows:

_____ Number of visits per day: _____ Total visits: _____ Fee: _____

Fees are paid in advance, upon client's departure.

Precious Pet Sitting agrees to provide the services stated in this contract 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 Precious Pet Sitting.

Client(s) Signature(s)

Date