

# Precious Pet Sitting



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