

Cat Sitting Agreement

Humans name: _____

Address: _____

Phone (H) _____ (Cell) _____ (W) _____

Email: _____

Emergency Contact name and phone number: _____

Pets Name and age _____

Veterinarian's Name and Phone Number: _____

Is your pet(s) up to date on vaccinations: _____

Does Perfect Pet Dog Walking & In Home Pet Sitting have permission to take your animals to the Veterinarian in case of an emergency? _____

(Under most circumstances the client shall be held liable for all medical expenses)

Does your pet(s) have any behavior or shyness?

Special instructions for pet care (diet, medication, daily routines, allergies, etc?)

CANCELLATION POLICY

I ask for at least a 24 hour notice! Of course this does not include emergencies or severe weather!

HOLIDAY RATES

There will be an additional fee for major holidays of \$5!

How shall we enter the home (front door, garage, back door)?

Will you be giving a key to Perfect Pet Dog Walking & In Home Pet Sitting? _____

If no key please let us know how we shall enter (key code, hide a key)? _____

PAYMENT

Perfect Pet Dog Walking & In Home Pet Sitting asks to be paid on the first visit! We accept cash, Venmo, checks, and credit cards (made out to either Tanya Beal or Perfect Pet Dog Walking). If payment has been forgotten several times I will ask that a credit card is put on file.

Credit Card number: _____ Exp. _____

CVC _____ Billing address zip code _____

Dog walking fee per visit: _____

Pet Owners Signature Date Perfect Pet Signature Date

All information given including keys or access codes will be safe and confidential!!