



# PET CARE SERVICE AGREEMENT

Contact: Suzi Abrams

Office: 404-509-1787

Email: homewardhoundpetsitting@gmail.com

Please fill out one form for each pet so we may provide the best possible care!

**Services/Rates:**  Dog Sitting  Cat Sitting  Small Animal Care  Fish Care  
 Bird Care  Dog Walking  Other **Rate Per Service \$** \_\_\_\_\_

**Payment for Services:**  Cash  Check  Credit Card\*  Venmo  Other

All payments are due on the first visit. \*If paying by credit card swipe, a 2.75% surcharge applies; when a credit card is processed by hand, a 3.75% surcharge applies.

**Key\* Release:**  Left on final visit  Kept for future use  Mailed

\*Please provide two keys. Your extra key will be kept in a lock box in the company's office.

**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Male/Female** \_\_\_\_\_ **Spayed/Neutered?**  Yes  No

**Current on all vaccinations\*?**  Yes  No \*Proof of vaccinations is required at consultation.

**Up-to-date flea/tick treatment?**  Yes  No **Type of treatment** \_\_\_\_\_

**Microchipped?**  No  Yes **Chip Number** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Favorite hiding places** \_\_\_\_\_

**Diet AM** \_\_\_\_\_

**Diet PM** \_\_\_\_\_

**Food allergies** \_\_\_\_\_

**Any health/medical\* concerns?** \*Fill out medication waver if administration is necessary.

**Location of food/water dishes** \_\_\_\_\_

**Pet food/treats located** \_\_\_\_\_ **How many treats per day?** \_\_\_\_\_

**Leash location** \_\_\_\_\_ **Broom, vacuum, mop, bucket location** \_\_\_\_\_

**Cleaning supplies location** \_\_\_\_\_

**Outdoor waste cleanup/disposal** \_\_\_\_\_

**Indoor waste cleanup/disposal** \_\_\_\_\_

Litter box location(s) \_\_\_\_\_

Disposal of litter box contents instructions \_\_\_\_\_

Indoor garbage can location \_\_\_\_\_ Outdoor garbage can \_\_\_\_\_

Veterinarian Clinic Name \_\_\_\_\_

Veterinarian Clinic Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

## Policies and Procedures

The client agrees to the following:

### 1. Liability Policies

Homeward Hounds Pet Sitting, LLC, and its employees agree to provide 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 any and all claims against Homeward Hounds Pet Sitting, LLC unless arising from gross negligence on the part of Homeward Hounds Pet Sitting, LLC. Client agrees to notify Homeward Hounds Pet Sitting, LLC of any concerns within 24 hours of returning home.

- a. Homeward Hounds Pet Sitting, LLC shall not be held responsible for pets that cause damage to furniture, flooring/woodwork, carpeting, walls etc. while pet sitter is not present.
- b. Homeward Hounds Pet Sitting, LLC shall not be held responsible for the loss, injury, death, or actions of any pet(s) the client has let outside or has instructed Homeward Hounds Pet Sitting, LLC to allow outside while sitter is not there. \*This includes pets with doggie doors and outdoor pets.
- c. The client understands that all pets (where appropriate) must have a veterinarian and must be up to date on the rabies vaccination. Proof of vaccination is required. Client agrees to reimburse Homeward Hounds Pet Sitting, LLC Pet Care for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to pet(s).
- d. No fence system is 100 percent secure for your pet's safety. Homeward Hounds Pet Sitting, LLC does not accept responsibility or liability for any pets that escape, are injured, become lost or fatally injured when left outdoors or given access to fenced in areas. This included electronic, wood, metal and all other fence types. All pets with electronic fences must wear their collars with fresh batteries. Likewise, Homeward Hounds Pet Sitting, LLC is not responsible or liable for pets that escape, are injured, become lost, or fatally injured when outdoors in areas that are NOT fenced in. Homeward Hounds Pet Sitting, LLC is not responsible for critters or animals i.e. coyotes, snakes, etc. that enter client's yard or jump client's fence and injure or fatally attack client's pet(s).
- e. Homeward Hounds Pet Sitting, LLC Pet Care will not sit for acutely ill animals or those with uncontrolled medical conditions. We suggest that your pet board with a veterinarian.
- f. Homeward Hounds Pet Sitting, LLC Pet Care does not accept aggressive animals. If pet(s) exhibits aggressive behavior that poses a risk to the pet sitter or prohibits them from caring for the pet(s), service will not be provided. Client agrees to be responsible for all costs (including, but not limited to, medical care, attorney fees, etc.) if client's pet(s) should bite another person or animal.
- g. Homeward Hounds Pet Sitting, LLC will not walk unruly or untrained dogs. All dogs must be walked on a leash per local state law unless in designated off-leash parks.
- h. Due to pet(s) excitement to see us, "door darting" may be attempted and an escape could occur. We take every precaution to prevent this from occurring and require that all dogs and cats under our care wear a collar with an ID tag or collars with the pet' name and owner's phone number embroidered or indelibly marked onto the collar.
- i. Client authorizes Homeward Hounds Pet Sitting, LLC to obtain the services of a locksmith should a key, lock pad, keyless entry electronic door pad, or garage door opener malfunction. Client is responsible for all charges.

- j. Client is responsible for making arrangements for snow removal. Visits may not be made in snow covered driveways and/or walkways because of safety reasons.
- k. Homeward Hounds Pet Sitting, LLC will not be responsible for any keys the client has asked to be mailed.
- l. Job sharing is not covered under our insurance. We can NOT be responsible for your pet or home if another service provider, friend or family member enters your home while we are not there.

## **2. Cancellation Policy**

Cancellations must be received within 48 hours of scheduled visit or a cancellation fee of \$50 will apply.

## **3. Cancellation of Contract**

Homeward Hounds Pet Sitting, LLC reserves the right to deny service or terminate service if job differs from original consult or if the job poses safety issues or financial concerns. Homeward Hounds Pet Sitting, LLC also reserves the right to deny service or terminate service if illnesses or injuries occur, or, if incompatibility or inappropriate or uncomfortable situations arise. If dangerous or destructive behaviors preclude Homeward Hounds Pet Sitting, LLC from providing further care of pet(s), client authorizes pet(s) to be placed in a kennel, with all charges therefrom to be charged to client.

Client releases Homeward Hounds Pet Sitting, LLC from any and all liabilities related to transportation of pet(s). Client may terminate this agreement at any time in writing and agrees to pay immediately any outstanding service invoices. Client agrees to arrange for another qualified sitter to fulfill the responsibilities set forth in this contract.

## **4. Business Hours**

Business and visiting hours fall between the hours of 7:30 a.m. and 9 p.m. and services are usually completed during this time unless we are behind schedule. There is a \$10 surcharge for services before 7 a.m. and after 9 p.m. Homeward Hounds Pet Sitting, LLC will not accept time- specific calls as we cannot guarantee specific times accurately. A three-hour window is acceptable.

## **5. Bad Check Policy**

A handling fee of \$50 plus bank charges will be charged for all returned checks. All fees are due promptly and must be paid via money order or cash only within five days.

## **6. Emergencies**

Client agrees to authorize Homeward Hounds Pet Sitting, LLC to handle any emergencies that may arise. Homeward Hounds Pet Sitting, LLC will make every effort to contact client, however client gives Homeward Hounds Pet Sitting, LLC authority to act in the pet's/home's best interest. Client agrees to an hourly rate of \$30 is for all medical emergencies. If pet(s) become ill while under the care of Homeward Hounds Pet Sitting, LLC, client authorizes Homeward Hounds Pet Sitting, LLC to transport the pet(s) to client's veterinarian or to one who is available, including after-hour emergency clinics. Client agrees to reimburse Homeward Hounds Pet Sitting for any medical expenses incurred within five days of returning home or a late charge of \$20 will be applied. Client releases Homeward Hounds Pet Sitting, LLC from any and all liabilities related to treatment and transportation resulting from emergencies.

Homeward Hounds Pet Sitting, LLC requires you to have a secondary responsible party to take care of your pet(s) in the event of unforeseen circumstances beyond our control such as inclement weather, natural disasters, and acts of terrorism. Homeward Hounds Pet Sitting, LLC is entrusted to use best judgment in caring for your pet(s) and home and will be held harmless for consequences related to such decisions.

In the event of personal emergency or illness of Pet Sitter, client authorizes Homeward Hounds Pet Sitting, LLC to arrange for another qualified person to fulfill responsibilities as set forth on this contract. Every attempt will be made to notify client regarding such situation.

## **7. Payment Arrangement**

Client acknowledges that payment is due immediately upon first day of scheduled service period in an agreed specified location. A \$50 nonrefundable deposit is due for all major holidays upon booking services and is applied towards final bill. In the event of additional unforeseen visits or other costs (such as food, supplies, vet fees, etc.), payment is expected within five days of the completion of services or a late charge of \$20 will be applied. Unforeseen purchases of supplies or any other items will also incur a \$25 travel charge.

## **8. Updates**

Client is responsible for providing Homeward Hounds Pet Sitting, LLC with updates or changes regarding care of your pet(s) health, feeding schedule, behavior, etc.

## **9. Confirm Travel Plans**

Client agrees to contact Homeward Hounds Pet Sitting, LLC three days prior to departure to confirm travel plans.

## **10. Returning Home Early From a Trip**

Homeward Hounds Pet Sitting, LLC does NOT provide refunds or future credits for pre-paid services rendered. No refund or credit for early return, unless in cases of extreme emergency (i.e. death in family, or major family illness). This policy is in effect to ensure that we adhere to our strict no overbooking policy, which means we may turn away other clients to hold a spot for your pet to ensure they receive the personal love and care they deserve.

**11. Use of Video Surveillance**

If you will be using surveillance cameras in the home, please initial below. We require that cameras not be allowed in restrooms or rooms used for overnight services. You agree not to share any video of Homeward Hounds Pet Sitting staff on social media or any other venues without our knowledge of or approval. INITIAL: \_\_\_\_\_

**12. Upon Returning Home**

Client agrees to contact Homeward Hounds Pet Sitting, LLC via text or phone upon the day/night of returning home from a trip to confirm they are home safely.

**PLEASE NOTE:** The utmost care will be given in watching your pet(s) and your home. However, due to the extreme unpredictability of animals we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e. animal bites, furniture damage, accidental death, etc.) or any complications in administering medications to the animal(s). Nor can we be liable for injury, disappearances, or death of pet(s) with access to the outdoors.

Client acknowledges that by signing below, he/she fully understands and agrees to the contents of this contract.

Client's signature

Date

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Homeward Hounds Pet Sitting, LLC signature

Date

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## Client Information Form

Contact: Suzi Abrams

Office: 404-509-1787

Email: homewardhoundpetsitting@gmail.com

### Owner Information:

Name: \_\_\_\_\_ Referred By \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

In the unlikely event you are unable to return and assume care of your pet (s), please list the name of the person (s) we should contact to take over the care of your pet (s) until final guardianship is determined.

\*Please be sure you notify the person (s) you have listed as your emergency pet guardianship contact

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you like daily texts/videos/pictures?  Yes  No

May we post pictures of your pet (s) on social media?  Yes  No

### Additional Free Services:

Medication (s)  Plants watered  Mail/Paper  Trash  Turn lights on Other \_\_\_\_\_

### Security System:

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Password: \_\_\_\_\_ Code: \_\_\_\_\_ Door Entering (must be near alarm): \_\_\_\_\_

Arming Instructions: \_\_\_\_\_ Disarming Instructions: \_\_\_\_\_

### Property Description:

Securely Fenced:  Yes  No Gate Properly Working:  Yes  No

Invisible Fence:  Yes  No Pet Door:  Yes  No

Will you have any one else on your property while I am there (relatives, friends, house cleaner, etc):

Who: \_\_\_\_\_ When: \_\_\_\_\_

Spare key located \_\_\_\_\_

May we use you as a reference  Yes  No



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Pet Sitting, LLC

PET SITTING DONE RIGHT

# Veterinarian Release

Contact: Suzi Abrams

Office: 404-509-1787

Email: homewardhoundpetsitting@gmail.com

**During my absence, Homeward Hounds Pet Sitting, LLC will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.**

Pet Information	Veterinarian Information
Type of Animal:	Veterinarian:
Names:	Address:
DOB:	Phone
Known Medical Conditions:	

I, \_\_\_\_\_, give Homeward Hounds Pet Sitting, LLC permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Homeward Hounds Pet Sitting, LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Homeward Hounds Pet Sitting, LLC to approve treatment up to \$\_\_\_\_\_ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: \_\_\_\_\_.

I agree that Homeward Hounds Pet Sitting, LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Payment Information on file for Veterinarian:

I will leave credit card       The vet office will bill me

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date