



Pet Sitting Contract

This contract specifies the needs of the pets stated below by the Owner, as well as the expectations of the Owner and Merlin's Full-Service Pet Care (MFSPC) during the pet sitting visits. The Owner hereby affirms that all information stated is true and correct.

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Other owners: _____

How did you hear about us? _____

Authorization

The owner hereby authorizes and empowers MFSPC to walk/exercise the pet(s) in the designated locations and public areas, enter home, give medication, and feed the pet(s).

Emergencies

In the event that emergency medical care is necessary for the pet(s), it is agreed that MFSPC will obtain such treatment from any licensed veterinarian, the expense of which will be reimbursed by the Owner in two business days.

Cleaning procedure/solutions

The Owner must choose and leave the appropriate cleaners for MFSPC. Food dyes and natural pet body fluids can bleach and stain carpeting and are beyond MFSPC's control.

Keys

The Owner must provide a key for MFSPC. Owner must check that all keys work. Keys are not to be left outside by Owner or MFSPC and it is the Owner's responsibility to retrieve the key after the pet sitting service. Please note that you can leave the key in the possession of MFSPC to be used only during specified pet sitting or other pet-related services. The key will be kept in your personal file at all other times.



Merlin's Full-Service Pet Care

Giving your pets a pep in their step!

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Payment

Full payment for the pet sitting service is expected on or before the first day of service. Any additional costs incurred during the pet sitting service are the responsibility of the owner and payable to MFSPC upon receipt of invoice.

- I agree to pay in full the rates that are in effect at the time my pets are under the care of Merlin's Full-Service Pet Care. I am aware that extra charges may be incurred and I agree to pay them within 7 business days of receipt of invoice.
- If my pet shows signs of illness, I authorize Merlin's Full-Service Pet Care to engage the services of a licensed veterinarian at my expense, to give other requisite attention, and to make whatever decisions are necessary for my pet's veterinary treatment. I agree to pay in full all veterinary charges incurred by my pet while in the care of Merlin's Full-Service Pet Care. I will not hold Merlin's Full-Service Pet Care liable for failure to seek veterinary attention or for decisions made under this contract.
- I understand that Merlin's Full-Service Pet Care will exercise all due assiduity and care in the guardianship of my pet. I hereby waive and release Merlin's Full-Service Pet Care, its owners, agents, and employees from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own.
- I understand that I am required to provide Merlin's Full-Service Pet Care documented vaccination records and to keep the vaccination up-to-date while my pet(s) is under the supervision of Merlin's Full-Service Pet Care.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Owner Signature: _____ Date: _____

Print Name: _____

MFSPC Handler Signature: _____ Date: _____

Print Name: _____



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Please list pets of different species separately. When listing more than one pet, please be specific on differences between them such as food, medications, etc.

Pet Name(s): _____

Type/Breed: _____

Age(s): _____

FOOD

Brand and Type: _____

Typically Purchased: _____

FEEDING INSTRUCTIONS:

Treats: _____

Dietary Constraints: _____

MEDICATION/HEALTH INFORMATION – when listing more than one pet, please specify to whom the following applies.

Type of Medication: _____

Where is it kept? _____

MEDICATION INSTRUCTIONS- please include how frequently it is administered, how it is administered, how much is administered, and if it should be taken with food.

Chronic Illnesses: _____



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Date of last rabies vaccine: _____

BEHAVIOR

Behavioral quirks: _____

Is your pet(s) socialized with all other animals in the household? _____

If not, please specify how they should be separated when left alone:

Is your pet(s) well-socialized with other animals of the same species? _____

Different species? _____

Describe fully any previous displays of aggression of ANY TYPE, including aggression towards other animals and people:

EXERCISE

What kind of regular exercise should your pet(s) receive during the pet sitting period?

What is your pet(s) favorite things to do?

Feel free to use the back of this paper to draw a "map" of your usual walking route.

Please list any additional information about your pet(s) that you would like to share with the MFSPC handler:



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Emergency Contact Information

In Case of Accident or Death

Please provide the full name, relationship, and phone number of any additional persons that are listed as an Emergency Contact.

Owner Name: _____

Pet Name(s): _____

Phone Number: _____

Owner's Emergency Contacts:

- 1. _____

- 2. _____

- 3. _____

Veterinarian: _____

Phone Number: _____

Address: _____

Directions from house:

