



## Household Information

Pet Owner Name(s):			
Address:		City:	Zip:
<b>Primary Contact Info</b> Phone: Cell: Alternate: Email:		<b>Spouse or Other Contact Info</b> Phone: Cell: Alternate: Email:	
<b>EMERGENCY CONTACT(S)</b>			
<b>Name:</b> 1. 2.	<b>Relationship:</b> 1. 2.	<b>Telephone:</b> 1. 2.	<b>Key to Home:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY</b>			
<b>Name:</b> 1. 2.	<b>Relationship:</b> 1. 2.	<b>Key to Home:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time of Visit:</b> 1. 2.
<b>INSTRUCTIONS FOR SECURITY SYSTEM, IF APPLICABLE</b>			
To Activate System:	To Deactivate System:	Time (seconds) before alarm goes off:	
Security Co Name:	Security Co Number:	Code Word or Phrase:	
<b>PLEASE LIST THE LOCATION OF THE FOLLOWING</b>			
Leashes:		Toys:	
Food:		Treats:	
Meds/Vitamins:		Carriers:	
Litter Box:		Litter Supplies:	
Doggie Poop Bags:		Brushes:	
Broom/Vacuum:		Fire Extinguisher(s):	
Location of Trash Cans/Dumpster:			
<b>INSTRUCTIONS</b>			
Bring in Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Mail Box & Key:	
Alternate Blinds: <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Indoor Plants: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No		Turn off/on TV/Radio: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Put out garbage for pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No		Garbage Day:	
Garage Code:		Other:	
<b>OTHER</b>			
How did you hear about us:			



## Veterinary Information

Pet Name(s):	
Veterinarian:	
Address:	
Phone #:	Emergency Contact:
<p>During my various absences, <b>Whiskers To Tails Petsitting</b> will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be responsible for <b>all fees and charges</b> and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to <b>Whiskers To Tails Petsitting or a representative of Whiskers To Tails Petsitting.</b></p>	

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets, please notify Whiskers To Tails Petsitting before service dates.

Client Name:		
Address:		
City/State:		Zip Code:
Home Phone:	Work Phone:	Mobile:
<p><b>To whom it may concern:</b> I have contracted for services from Whiskers To Tails Petsitting during my absence and I authorize Whiskers To Tails Petsitting to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).</p> <p>Special instructions:</p>		
<p>Whiskers To Tails Petsitting reserves the right to use the services of any available veterinary clinic.</p> <p>I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf immediately upon my return.</p>		

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

(Please Note: Typing your signature on the line is considered the same as your handwritten signature, giving permission and approval for all of the content within this form.)



## Policies & Procedures

1. **Scheduling and visit times.** We strive to accommodate the needs of your pet. Whiskers To Tails Petsitting provides a time interval during which visits will occur. If an unforeseen situation arises, the time interval may be adjusted.
2. **Reservations.** It is best to plan in advance in order to obtain services on the dates you desire. An in-home consultation is required, prior to reservations, **for all new clients.**
3. **Payment.** Whiskers To Tails Petsitting accepts checks, credit cards, and PayPal payments online. **Payment is due at time of first pet sit.** Checks should be made payable to Whiskers To Tails Petsitting. All services are paid in advance. If client requests to extend service, client guarantees payment at same rate for all services provided upon return.
4. **\*Pet Sitting Cancellations/Refunds.** If client cancels a pet sit service two (2) days or 48 hours before the first scheduled visit, they will receive a full (100%) refund or account credit. If client cancels a pet sit service one (1) day or 24 hours before the first scheduled visit, they will receive a 50% refund or account credit. Same day cancellations of pet sits receive no refund or credit.  
*\*In cases of extreme weather that prevent client from leaving by air or ground travel, Whiskers To Tails Petsitting will issue full credit for all reserved pet visits for future use.*
5. **Early Return Policy:** No refunds or credits are issued for same-day returns. If client returns one (1) day earlier than scheduled, Whiskers To Tails Petsitting will not issue credit or refund. If client returns two (2) days earlier than scheduled, Whiskers To Tails Petsitting will issue 50% credit for unused visits.
6. **Additional Pet Care Assistance and Other Scheduled Services:** Whiskers To Tails Petsitting does not accept liability for other persons who will be in your home prior to, during, or immediately after our services have been rendered. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, maintenance personnel, friends, family and neighbors. It is understood that the client will notify anyone with access to the home that the services of Whiskers To Tails Petsitting have been engaged.
7. **Inclement Weather Plan.** 1) Every effort will be made to drive to your home; 2) The service schedule may be changed, interrupted, or altered due to circumstances; 3) If it is not possible to drive safely to your home, your emergency contact will be notified; 4) You will be notified that the above-mentioned contingency plan has been activated and that credit has been applied to your account for that visit.
8. **Inclement Weather Contact:** Whiskers To Tails Petsitting has requested the name and phone number of a person living nearby (with access to your home). See **Emergency Contact section on Household Information form.** This should be a person close enough to walk to your home if roads are impassable (for example, a neighbor). If we are physically unable to drive to your home this information is needed so that we can contact this person to request their assistance to check on your pet(s). Please remember that garage door openers are not operational in the event of power outages. **In the event that the customer does not provide a nearby emergency contact with access to your home for Whiskers To Tails Petsitting, customer realizes that Whiskers To Tails Petsitting will provide service but not until conditions allow us to reach your home safely.**
9. **Medications/Vaccinations/Immunizations.** Whiskers To Tails Petsitting will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result.
10. **Under no circumstances will** Whiskers To Tails Petsitting service any pet that has any form of active contagious illness. Whiskers To Tails Petsitting requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations. If a Whiskers To Tails Petsitting pet care provider is bitten or exposed to any disease or ailment received from the client's pet(s) which has not been properly or currently vaccinated, the client will be responsible for all costs and damages that may be incurred as a result.
11. **Unforeseen purchases.** Pet owners are responsible for having adequate supplies of pet food, litter, cleaning supplies or other necessary items that contribute to the health and well-being of your pet during your absence. Should these supplies run out before the pet owner returns, Whiskers To Tails Petsitting will purchase the items and retain a receipt, which the pet owner is responsible for reimbursing immediately upon their return. A trip charge of \$10 will be added to the receipt total.

12. **Pet waste.** Whiskers To Tails Petsitting will properly dispose of your pet waste. We do request, however, that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed of.
13. **Collars/Leashes.** Please provide secure collars and leashes with appropriate tags for all visits. All dogs will be walked on your leashes.
14. **Fences.** Whiskers To Tails Petsitting does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the client's animals in a fenced area. This includes wood, metal, electronic or any other type of fence.
15. **Keys.** Whiskers To Tails Petsitting will obtain a house key from you during the in-home consultation. We ask that a designated spot outside the home be agreed upon by pet owner and pet sitter where key may be left in case pet sitter needs to access home beyond the pet sitting days agreed upon. An option is having Whiskers To Tails Petsitting retain your house key for future assignments. If you wish your key returned after a pet sit, there is a \$10 charge.
16. **Updates.** Please inform us of any changes regarding your contact numbers, your pets' care needs and other pertinent information.
17. **Photos/Videos.** Client authorizes Whiskers To Tails Petsitting to take photos/videos of Client's pet for their file and for whiskerstotailspetsitting.com website. All photos/videos taken are the property of Whiskers To Tails Petsitting.
18. **Privacy policy.** All of your information will be kept private and confidential. Whiskers To Tails Petsitting respects our clients' entrusting us with the care of their home and pets.

I have read, understand and agree to the policies and guidelines of Whiskers To Tails Petsitting. I further understand that a signed copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of Whiskers To Tails Petsitting.

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Pet owner's signature

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Date

(Please Note: Typing your signature on the line is considered the same as your handwritten signature, giving permission and approval for all of the content within this form.)



## Contract Agreement

This signed document is an agreement between Whiskers To Tails Petsitting and the pet owner whose signature appears below.

1. I authorize **Whiskers To Tails Petsitting** to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.
2. I authorize **Whiskers To Tails Petsitting** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Whiskers To Tails Petsitting** to use an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
3. **Whiskers To Tails Petsitting** accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.
4. I agree to reimburse **Whiskers To Tails Petsitting** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food or supplies.
5. **Whiskers To Tails Petsitting** agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition hereof, the client expressly waives and relinquishes any and all claims against **Whiskers To Tails Petsitting**, its employees or assigns, except those arising from proven negligence of the pet sitter.
6. **Whiskers To Tails Petsitting** will not be liable for the injury, disappearance, death, or fines of any pet in its care, except those arising from proven negligence of the pet sitter.
7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless **Whiskers To Tails Petsitting** in the event of a claim by any person injured by the pet, except those arising from proven negligence of the pet sitter.
8. **Whiskers To Tails Petsitting** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time.
9. It is expressly understood that **Whiskers To Tails Petsitting** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Whiskers To Tails Petsitting** of all situations, which will relieve it of liability for damage, except those arising from proven negligence of the pet sitter.
10. Fees are earned upon acceptance of Agreement and are due at the time of or prior to the first visit.
11. In the event of inclement weather or natural disaster, **Whiskers To Tails Petsitting** is entrusted to use best judgment in caring for pet(s) and home. **Whiskers To Tails Petsitting** will be held harmless for consequences related to such decisions.
12. In the event of personal emergency or illness of pet sitter, client authorizes **Whiskers To Tails Petsitting** to arrange for another qualified person to fulfill responsibilities as set forth in this contract. Client will be notified in such a case.

13. I attest to the fact that all licenses and vaccinations required by the State \_\_\_\_\_, the City in which I reside and/or the County of \_\_\_\_\_ are current according to the law. \_\_\_\_\_ (initial here)

14. If **Whiskers To Tails Petsitting**, in its sole discretion, determines that client's pet poses a danger to health or safety of pet sitter, if concerns prohibit pet sitter from caring for pet, client authorizes pet to be placed in a kennel, with all charges there from to be charged to client.

15. I authorize this contract to be valid approval for future services so as to permit **Whiskers To Tails Petsitting** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization. It may be cancelled in writing by either party.

16. Any controversy or claim arising out of or relating to this contract shall be settled by arbitration in accordance with the rules of the American Arbitration Association. The arbitrator shall, as part of his award, determine an award to the prevailing party of the cost of such arbitration which may include reasonable attorney's fees of the prevailing party.

I have completed and signed required veterinary release forms. \_\_\_\_\_ (initial here)

I have read and agree to the aforementioned Policies and Procedures, which are a part of this agreement.

I am aware that I shall keep a signed copy for my records. \_\_\_\_\_ (initial here)

\_\_\_\_\_  
Pet owner's signature

\_\_\_\_\_  
Date

(Please Note: Typing your signature on the line is considered the same as your handwritten signature, giving permission and approval for all of the content within this form.)



## Communication Plan Agreement

<b>Client Name:</b>				
<b>Pet Name:</b>				
<b>Your need for information regarding how your pets are doing in your absence is very important to us. In order to meet your expectations of how often you would like us to contact you with updates, please place a check mark by your desired timeline.</b>				
<b>Video Email of your pets:</b>	<b>Daily:</b> <input type="checkbox"/>	<b>Every 2 Days:</b> <input type="checkbox"/>	<b>Every 3 Days:</b> <input type="checkbox"/>	<b>Once Per Week:</b> <input type="checkbox"/>
	<b>Other:</b>			
<b>Regular Email about your pets:</b>	<b>Daily:</b> <input type="checkbox"/>	<b>Every 2 Days:</b> <input type="checkbox"/>	<b>Every 3 Days:</b> <input type="checkbox"/>	<b>Once Per Week:</b> <input type="checkbox"/>
	<b>Other:</b>			
<b>Cell phone voice mail:</b>	<b>Daily:</b> <input type="checkbox"/>	<b>Every 2 Days:</b> <input type="checkbox"/>	<b>Every 3 Days:</b> <input type="checkbox"/>	<b>Once Per Week:</b> <input type="checkbox"/>
	<b>Other:</b>			
<b>Text Message:</b>	<b>Daily:</b> <input type="checkbox"/>	<b>Every 2 Days:</b> <input type="checkbox"/>	<b>Every 3 Days:</b> <input type="checkbox"/>	<b>Once Per Week:</b> <input type="checkbox"/>
	<b>Other:</b>			
<b>Please supply the appropriate contact information below so we can carry out this communication plan:</b>				
<b>Email:</b>	<b>Cell Phone:</b>		<b>Alternate Phone:</b>	

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Pet Sitter Signature**

\_\_\_\_\_  
**Date**

(Please Note: Typing your signature on the line is considered the same as your handwritten signature, giving permission and approval for all of the content within this form.)



## OPTIONAL Overnight Service Form

<p>The pet sitter will bring bedding, pillow and towels for overnight stays so you don't have to worry about laundry. Unless there is an emergency, it is against Whiskers To Tails Petsitting policy for anyone other than the pet sitter and client's pet(s) to be in the house unless expressly agreed upon by both client and Whiskers To Tails Petsitting. So we can give you the best service for overnight stays, please answer the questions below. Feel free to add additional instructions and 'house rules' in the <b>Additional Comments</b> section.</p>		
<p>In general, overnights begin around 9 p.m. and end around 6 a.m. Overnights include morning pet care if applicable. Does this work for you? If not, what arrangements would work?</p>	Yes	No
Where would you like the pet sitter to sleep?		
Where would you like the pets to remain overnight?		
<p>Are there any rooms off-limits to pets/sitter? If yes, please describe:</p>	Yes	No
Do you want the pet sitter to answer the phone and take messages?	Yes	No
<p>Should the pet sitter answer the door? If yes, do you have something specific you'd like said regarding why they are there?</p>	Yes	No
<p>Are there any parking regulations to be aware of? If yes, please describe:</p>	Yes	No
The pet sitter is able to use household appliances/facilities except:		
<p>Are you aware of any problems, criminal activity or parts of the neighborhood that the sitter should avoid for their safety? If yes, please describe:</p>	Yes	No
<p>Will anyone else be allowed in the house overnight? If yes, who is allowed?</p>	Yes	No
Additional Comments:		
Client initials:	WTPS:	Date:

(Please Note: Typing your signature on the line is considered the same as your handwritten signature, giving permission and approval for all of the content within this form.)