



## Cat Sitting Contract & Profile

**\*\*Please PRINT clearly in blue or black ink\*\***

**\*\*\*Fill in all applicable fields to the best of your knowledge\*\*\***

**Pet's Name(s)** \_\_\_\_\_

Your Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Partner \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Partner Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Partner Cell Phone \_\_\_\_\_

### **Emergency Contacts**

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Key Y/N

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Key Y/N

Should I be expecting anyone at your home or in your home during your absence? Y / N

If yes, who? \_\_\_\_\_

### **Veterinary Information**

Name of hospital \_\_\_\_\_

Preferred Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### **Home Security**

If you want your keys returned after service is terminated, please indicate your preferred method:

1) deliver in person (\$10) 2) registered mail (\$6) 3) turn in at building office (Free)

Locking Information: deadbolt / door handle / both

### **Cat Profile**

Breed \_\_\_\_\_

Spayed / Neutered: Y / N

Age/DOB \_\_\_\_\_

Microchipped: Y / N

Male / Female

Color(s) \_\_\_\_\_

Food allergies/restricted foods \_\_\_\_\_

Major medical conditions (past or present) \_\_\_\_\_

Medications (name, dosage, frequency) \_\_\_\_\_

### **Terms and Conditions**

1) The term of this contract shall be for periodic pet sitting.



2) Fees:

- The fee is based on 15-, 30- or 60-minute visits.
- See the site for the current fees

3) Payment will be charged to the credit card on file after services are performed.

Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract permitting Belltown Dog Walker to accept telephone or email reservations for service and enter premises without any additional signed contracts or written authorization.

4) Belltown Dog Walker is also authorized to seek any medical care if deemed necessary with release from all liabilities related to transportation, treatment and expenses, and is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Belltown Dog Walker for any expenses incurred attending to this need.

5) In the event of personal emergencies or illnesses, Belltown Dog Walker will notify client as promptly as possible and fees for missed visits will be reimbursed.

6) The client is responsible for any costs/payments due to bites.

7) Belltown Dog Walker reserves the right to terminate this contract at any time before or during this term.

### Cancellation Policy

A minimum of 24 hours cancellation notice is required. Cancellations with less than 24 hour notice may be charged at the full rate.

If client wishes a total cancellation of all visit dates and services with Belltown Dog Walker, please make these wishes known in writing.

### House Keys

One copy of your house key is required. If you do not have a copy ready for us at the pre-service appointment, we can make a copy for you for \$5.

### Release of Liability

I do hereby waive and release Belltown Dog Walker from all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of Belltown Dog Walker. Belltown Dog Walker agrees to provide all services in kind, humane, reliable and trustworthy manner. Client agrees to notify Belltown Dog Walker of any concerns within 24 hours of their return. In case of an emergency, inclement weather or a natural disaster I authorize Belltown Dog Walker to use their reasonable judgment for the care and well-being of my pet(s) and/or house.

Belltown Dog Walker will contact client if pet(s) display aggressive behaviors or tendencies. I acknowledge I am responsible for medical expenses and damages resulting from an injury to Belltown Dog Walker or other person or animal caused by my pet(s). Belltown Dog Walker reserves the right to refuse service to any client, at any time, for any reason.

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Sign name

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Print name

Please make a copy of this contract for your records