

**Pet Sitting Services Client Agreement, Disclosure, Release & Information**

Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Text Y/N Cell Phone: \_\_\_\_\_ Text Y/N

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

**Keys**

**We require that you provide us with 2 working keys.** One key is used as a backup and used for emergency purposes, lockout, or if a second person is helping out on the job. The other key is for the primary pet sitter. If you only provide us with 1 key, you will be charged \$5.00 for each key made:

All keys are locked up when not in use, Additionally, every customer gets a unique ID code by which only Paws n' Critters sitters are able to identify. One key is assigned to the sitter and the second is kept in the office safe. We do this in case a sitter falls ill or something should happen to the sitter, getting held up in traffic or accidentally locks themselves out.

Our pet care program allows you to call for pet sitting anytime. If you do not want us to retain your keys a fee of \$10.00 will be collected at the time of the consultation to return your keys to you via Certified Signature Confirmation USPS mail. If you have a Community Key Card that needs to be picked up prior to future visits; there will be an additional \$10.00 trip charge. This amount will be added on each invoice of service. Otherwise you will need to arrange to pickup at the office at a prearranged date/time at the office located in Oro Valley, AZ or Tempe, AZ for those clients in the Phoenix servicing area.

**Alarm**

Alarm deactivation code: \_\_\_\_\_ Activation Code \_\_\_\_\_

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

Password \_\_\_\_\_

INTERNAL
USE ONLY
KC _____
K1 _____
K2 _____
Inv _____
P1 _____
P2 _____
Sys _____
Sc _____

**\*\*Please notify your Alarm company that we are authorized to enter your property. You can also provide us with our own Alarm Code and Password. Your company should be able to walk you through the process. We prefer that we have our own code and password.**

**I agree that I have requested that *Zwaytolive LLC, dba Paws n' Critters* take care of my pet(s). I agree to pay the charges for the services provided as outlined in this agreement. I agree that an extra fee will be charged if Paws n' Critters or its agents (sitters) need to take my pet for emergency services, in addition to treatment as outlined in Veterinary Instructions and Release Form.**

**Rates: Will be determined via phone and confirmed at the consultation based upon the needs of the pets.**

**Boarding Rates** - We charge a full 24 hour cycle. If you drop off in the morning you are expected to pick-up at about the same time as drop off. If pets are picked up after 12:00 noon; you will be charged the full day rate. *We will work with you on allowing you to drop-off the night before (after dinnertime) especially if you have an early flight out in the morning at no additional charge. Any pet under 1 years old may be subject to an additional \$10.00 - \$20.00 per day per puppy depending upon the care needed and determined at the consultation (not over the phone).*

**Holiday Rates -**

Holiday Rates: \$5.00 extra for each visit/trip (\$10.00 extra for 11 hour overnight)/\$15.00 extra for 17 hour overnight) for the following Holidays: Easter Day, Thanksgiving Day, Christmas Eve and Christmas Day and New Year's Eve and New Year's Day.

**Payment -**

I understand that payment is due at or prior to the time of the first visit and can be paid by cash, check, money order, cashiers check or by credit card or through paypal at *Paws n' Critters* website: [www.pawsnkritters.com](http://www.pawsnkritters.com). If you wish to pay an alternate way such as via Bill Pay, such as how you pay your monthly bills, please let us know. I agree to be responsible for any and all attorneys' fees or other costs incurred by Paws n' Critters in the recovery of unpaid fees. All credit card/paypal customers will incur a 2.75 - 3.00% surcharge. I understand that I will be responsible for all fees as a result of check returned "insufficient funds".

**Release of Liability** - Acknowledge and fully understand that pet care involves risks including, but not limited to, the escape of the pet(s), property damage, and serious injury, permanent disability, and/or death of the pet(s) from the natural causes, the acts of said pet(s), the acts of other pet(s) and/or the acts of others. These risks may result action, inaction, or negligence. Further, there may be other risks not known, or not reasonably foreseeable, including but not limited to disability or death.

Understand that visit times are approximate and subject to change based on the needs of all pets under Paws n' Critters' care. I entrust Paws n' Critters to use best judgment in caring for my pet(s), including, if necessary, arranging for a back-up pet sitter to take over duties as outlined in this agreement. I agree to hold Paws n' Critters harmless for consequences related to such decisions.

Understand that animals are unpredictable and that Paws n' Critters cannot be held responsible for mishaps including, but not limited to, any pet(s)'s refusal to take medication, escaping, biting, eating or destroying household items, damage to the inside or outside of the home, and personal injury or accidental death.

Understand that in the event of inclement weather, natural disaster, or emergency, the designated pet sitter is entrusted to use his or her best judgment in caring for my pet(s). Neither the pet sitter nor Paws n' Critters shall be held responsible for consequences related to any of his or her decisions.

Agree that I shall be solely responsible for any and all acts of and behavior of my pet(s) while in the care of Paws n' Critters. This includes, but is not limited to, damage to Paws n' Critters' property and injury to other animals or persons caused by my pet(s). Should my pet(s) bite or otherwise injure an agent of Paws n' Critters, I agree to pay all medical costs and lost wages incurred by the agent due to such injury.

Release Paws n' Critters, its officers, directors, shareholders, employees, and agents from any and all liability for injury or illness suffered by my pet(s), other animals, or persons, for the escape of my pet(s), and for any property damage.

Assume all the foregoing risks for any damages related to my pet(s) or property : any injury, permanent disability, damage, or death.

**Property-** Agree that I am responsible for any injury caused by any condition of my property.

Agree that if a problem arises such as a pipe rupture, flood, earthquake, fire, break in, animal destroying a fence, etc., Paws n' Critters will make every effort to contact me and follow my instructions. If I cannot be reached, or immediate action is necessary for the health, safety, or welfare of my pet(s), I authorize Paws n' Critters to make any repairs that it deems necessary. I further agree to reimburse Paws n' Critters for all expenses incurred for repair of property and to hold Paws n' Critters harmless for any repairs.

**Boarding -** Understand that If for any reason during the boarding process there is a problem with your pet or the sitter's pets that would prevent your pet, or the sitter's pet(s) from having a pleasant or safe experience, we may relocate your pet or the sitters pets to another sitters home at our discretion within our team for the safety of all pets concerned.

Understand that if I board my pet and do not pick my pet up within two (2) days of the date agreed upon for pick-up, my pet shall be deemed abandoned (unless prior arrangements are made to extend the pet's stay). Paws n' Critters then has the right to place my pet with a new owner or otherwise place the animal. (See A.R.S. § 3-1310). I shall remain responsible for all boarding fees.

Understand that, if my pet(s) is/are boarded, my pet(s) will be in an environment with other pets during boarding and that any pet may harbor and spread communicable diseases. I release Paws n' Critters from, and waive all claims and liability against Paws n' Critters for, all losses, damages, costs, and expenses arising out of or in connection with any communicable disease contracted by my pet(s) during boarding. I understand that there is a possibility of communicable diseases being transmitted regardless of the precautions that Paws n' Critters takes with all customers being required keep up to date on vaccinations and well checks for all pets boarded. All pets that are boarded with other pets are required to be current on all vaccinations. Please note there will be no refund of services rendered if my pet contracts a disease.

**Pet Owner -** I formally acknowledge that I am the actual owner of the pet(s) at issue, and also that by signing he/she acknowledges that he/she is binding himself/herself and the marital community.

Understand that this contract shall be interpreted and governed by the laws of Arizona. Each party will perform its obligations in accordance with all the applicable laws, rules, and regulations of Arizona.

Understand that each waiver or excuse shall be independent of all others. Therefore, if a term or provision is waived or breach is excused, that waiver or excuse shall not waive any other term or provision or excuse any other breach.

**Camera Policy** - I understand and agree that Paws n' Critters agents (sitters) have a reasonable expectation of privacy at certain areas on my property. As such, no device(s) will record anything done or said in any bathroom(s) or shower(s) on my property. In addition, when Paws n' Critters agents (sitters) are inside of a structure on my property, there will be no audio recording therein and no recording of any kind in any area where I have agreed to let said agent (sitters) sleep (*i.e.*, their assigned bedroom(s)).

**Agreement Terms** - Understand that Paws n' Critters reserves the right to terminate this agreement at any time before or during its term if Paws n' Critters determines that my pet(s) pose(s) a danger to the health or safety of my pet(s) or others. If Paws n' Critters decides to terminate this agreement, Paws n' Critters will attempt to notify me of the problem immediately, but I authorize my pet(s) to be placed in a kennel and I agree pay all charges.

Agree to indemnify, defend, and hold Paws n' Critters harmless from and against any and all losses, liabilities, damages, fines, penalties, and expenses (including attorneys' fees and other costs of defense) arising from or resulting from any breach of the representations, warranties, covenants, or duties contained in this agreement or otherwise arising out of damage or injury caused by my pet.

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WHITE OUT OR CROSS OUT ANYTHING ON THE AGREEMENT OR THE AGREEMENT IS VOID (PAGES 1-4 AND PAGE 6)**

Please list anyone else with access to your home with a key:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please do not write in this space below, this area will be used at the consultation:**

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**Emergency Information**

I hereby designate the following person(s) to take physical possession of my pet(s) in the event of an emergency, or my incapacity or my death: **\*\*PLEASE DO NOT PUT YOURSELVES HERE, EVEN IF YOUR CONTACTS ARE LOCATED OUT OF TOWN, PLEASE PUT DOWN 2 DIFFERENT CONTACTS.**

**Primary Emergency Person:**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Backup Emergency Person:**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OPTIONAL - FOR OLDER/SICKLY PETS (FILL OUT THIS SECTION)**

In the event of the death of a (pet's name) \_\_\_\_\_ while out of town, I authorize that Paws n' Critters on my behalf make the following arrangements:

Disposition \_\_\_\_\_

\_\_\_\_\_ Veterinary or Designated

Facility \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize charges up to \$ \_\_\_\_\_ to be charged on the following credit card for the services as designated above at the aforementioned facility

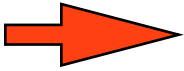
CREDIT CARD NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

CVV \_\_\_\_\_ Authorized Signature \_\_\_\_\_

## Veterinary Release & Pet Information

Client Name: \_\_\_\_\_

	Pets Name	Type of Pet	Age	Breed	Sex	Neutered/ Spayed
1						
2						
3						
4						
5						
6						



**All dogs are required to have proof of rabies. Please provide proof of BORDETELLA and LEPTOSPIROSIS for those dogs that are being boarded in addition to the RABIES Vaccinations.**

If any of the pets named above becomes ill or is injured, I request that Zwaytolive LLC, dba Paws n' Critters transport the pets to:

Primary Veterinary Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Veterinary Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I give permission to Zwaytolive LLC, dba Paws n' Critters to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. In addition I understand that I will be responsible for payment of the extra time and transportation as needed to provide such services.

If neither of the veterinary offices named above is available, I authorize Paws n' Critters to take/transport my pets to a veterinary office of their choice. I understand that Zwaytolive LLC, dba Paws n' Critters cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

Represent and warrant that all known medical and behavioral history of my pet(s) has been disclosed to Paws n' Critters. **I specifically represent that my pet(s) has/have not been exposed to rabies or distemper within thirty days immediately prior to boarding or pet sitting. I further represent that my pet(s) is/are current on all vaccinations.**

This agreement is valid starting on the date below whenever Zwaytolive LLC, dba Paws n' Critters, cares for my pets:

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Feeding:**

What kind of food/s does your pet eat?

When does your pet eat?

Where is the food kept?

Special feeding instructions:

**Medication:**

Is your pet on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept

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**Other:**

Does your pet have a favorite game or something that they enjoy doing?

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Does your pet have a favorite hiding place?

Where do you keep your collar and leash?

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Does your pet need a special harness or choke collar for walks?

**Traits:**

Please answer the following brief questionnaire about your pet. It will help us to better care for him/her. Please circle (if question doesn't apply to your pet, just cross off):

**Cats: Uses the litter box**

Is friendly with other dogs

Yes/No

**Declawed:**

Yes/No

Likes new adults

Yes/No

Likes children

Yes/No

Is allowed in the house

Yes/No

Tries to escape

Yes/No

Likes to be petted or held

Yes/No

Is prone to digging or chewing

Yes/No

**Digging:** Yes/No    **Chewing:** Yes/No

Is fearful of noises or other things

Yes/No

Obeys basic commands

Yes/No

Has bitten people or other pets

Yes/No

Has shown other aggression

Yes/No

**Allergies/Behaviors**

Allergies

Yes/No

List: \_\_\_\_\_

Any idiosyncrasies

Yes/No

List: \_\_\_\_\_

Separation Anxiety

Yes/No

Urinating or Defecating in the house

Yes/No

Other (please explain):

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**Pet Sitting Assignment Information**

Date of first visit: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Number of visits per day: \_\_\_\_\_

Total Number of visits: \_\_\_\_\_

Type of Service: Home Sitting \_\_\_\_\_

Pet Sitting \_\_\_\_\_ Paws n' Slumber \_\_\_\_\_ At Paws Home \_\_\_\_\_ Dog Walking\_\_\_\_  
(traditional) (overnight) (private boarding) (exercise)

Additional duties (please circle those you would like to request):

Bring in mail/papers      Water Plants      Put Out Trash/Recycles  
(indicate day of pickup)\_\_\_\_\_

Other: \_\_\_\_\_

Where can we reach you other than your cell phone (Hotel/Relative, etc)

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

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Is Itinerary attached: YES/NO

We always verify that you have returned from your trip. Please indicate how you would like us to contact you or if you will be calling us when you return.

\_\_\_\_\_

Would you like us to contact you regularly during the visit?

YES/NO

If you do want us to contact you, please explain the method and how often:

\_\_\_\_\_  
\_\_\_\_\_