



CONTRACT & CHECKLIST

Client's Name: _____ Hm. Ph.: _____
Local Address: _____ Bus. Ph.: _____

DATE OF DEPARTURE: _____
DATE OF RETURN: _____
Introductory Date/Time: _____
Frequency of Visits: _____
Date(s) of Visit(s): _____
Total Number of Visits: _____
Estimated Charge: \$ _____
Round Trip: _____
Mileage: \$ _____
Sales Tax: \$ _____
Total: \$ _____
Referral Source: _____

1. During your absence, how can you be reached if necessary: _____

2. During your absence, and if you cannot be reached at above location/tel. #, please designate local person(s) and their tel. #'s we may contact in emergency: _____

3. List anyone else who has keys to your home and their tel. #'s: _____

(No other persons will be allowed entrance into your home by the Pet Sitter unless authorized by you. If someone not listed above desires access, entrance will be denied.)

4. What additional services would you prefer:

4A. Watering houseplants: _____

4B. Collecting newspapers: _____

4C. Collecting mail: _____

4D. Alternating Lights: _____

4E. Other crime deterrent measures: _____

5. Comments or other special instructions: _____

7. In case of emergency, please designate the name(s), address(s) and tel. #(s) of veterinarian(s) TLC is to contact to obtain medical treatment for your pet(s): _____

8. If designated veterinarian cannot be reached, do you object to our seeking emergency assistance from another licensed veterinarian: no yes

9. Your pet's(s) name(s)/description:
Name Breed Sex Age Color

10. Any history of illness or unusual behavior? _____

11. Special medical/medication requirements: _____

12. Feeding instructions/location of food/type of food special dietary instructions, restrictions: _____

13. Litter disposal procedures: _____

6. Key Return Procedure: *If your return is delayed, please telephone TLC immediately to ensure proper care of your pets until your return. Since unexpected delays are always possible, it is suggested that a spot **outside** the home be designated for the key to ensure the Pet Sitter's access to home if a delay in your return does occur.*

6A. On last visit, key is to be left outside home in following location: _____

6B. Key is not to be left outside home. Key return procedure is as follows: _____

Full payment is due within 3 days after your return. A pre-addressed stamped envelope will be left _____
 in which you may send the payment to TLC. (location)

Please note that prior to your departure, and covering the full period of your absence, you will need to pre-arrange with your designated veterinarian(s) a compensation plan for any emergency medical services TLC may seek on behalf of your pet(s). TLC cannot accept financial responsibility for advancing such payments to your designated veterinarian(s). ONLY if TLC is unable to obtain timely emergency medical services from your designated veterinarian, and only in the sole interest of your pet's(s') health, safety and welfare, will TLC procure the services of an alternative licensed veterinarian and necessarily advance payment for medical services rendered. Upon your return, reimbursement to TLC for all such payments must be satisfied in full within 3 days of your return home. If you agree with this provision, please initial here: _____

In the event of client's demise/disability/prolonged absence/non-return, please specify actions to be taken by TLC to ensure appropriate alternative living arrangements for your pet(s): _____ . Please initial here: _____

During your absence, and in the event of your pet's(s') demise, please specify actions to be taken by TLC to ensure proper disposition of remains: _____ . Please initial here: _____

ANY CHANGES OR ADDITIONS TO THIS AGREEMENT MUST BE MADE IN WRITING AND EXECUTED BY THE PARTIES HERETO. CHANGES OR ADDITIONS MAY BE INDICATED BELOW:

Directions to Service Site: _____

Subsequent Visits: _____

Key Receipt . Date: _____ Key Return . Date: _____

Client Signature _____ Date _____ Pet Sitter Signature _____ Date _____