


# Client Information & Assignment Agreement

Date: \_\_\_\_\_

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ <b>Number you can be reached while you are away:</b>  	Cell Phone: _____ Text? _____ Receive Photos? _____ Email Addy: _____ Security Sys Code: _____ Alarm Co & Phone: _____ Entry Access: _____ Front Door _____ Back Door
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## Who else has access to your home (visitors or anyone with a key)?

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

From the above names, who is the best person to contact as a local emergency contact?

## Special Instructions for visits/time requests:

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

\_\_\_\_\_ 10-Min Walk \_\_\_\_\_ Outside \_\_\_\_\_ Playtime \_\_\_\_\_ Feeding \_\_\_\_\_ Medication  
\_\_\_\_\_ Poop Scoop \_\_\_\_\_ Litter Box Maintenance \_\_\_\_\_ Treats  
\_\_\_\_\_ Other \_\_\_\_\_

## FREE WITH PET SITTING (Circle tasks requested)

Mail/Newspaper Retrieval      Alternate Lights      Open/Close Curtains      TV/Radio On  
Home Security Check      Pet photo to phone or email      Trash/Recycle Cans Stowed

Additional Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSE KEY AGREEMENT

Client agrees WAGGS & PURRS will retain key(s) to client's property until such time as client wishes the return of the key. We recommend keeping your keys on file for future visits. If you prefer to have them returned after the assignment, you may collect them from my home at a mutually agreed-upon time.

Note: Keys will not be left inside the client's home on the date of final scheduled visit in the event the client's return is delayed and further visits are needed. Key(s) will not be left outside or under a mat for the safety of your pet(s) and home.

Client(s) must read and agree to the following:

I have read and understand the services that will be performed by WAGGS & PURRS for the dates described on the Client Information & Assignment Agreement form. The pet sitter is authorized to perform care and services as outlined in this contract and to seek emergency veterinary care or home care as deemed necessary solely through the pet sitter's discretion. The pet sitter may adjust care from this contract for the safety and well-being of pets and property if the pet sitter deems it necessary. If the client's veterinarian or other professional specified in this agreement cannot be reached or is unavailable, client authorizes WAGGS & PURRS to choose a qualified professional to handle the emergency. Client agrees to reimburse WAGGS & PURRS for expenses incurred plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed. Pet sitter is entrusted to use their best judgment in caring for pets and home. If other individuals have access to the home during the term of the assignment, WAGGS & PURRS accepts no responsibility for security of the premises or losses. WAGGS & PURRS will be held harmless for consequences related to such decisions. WAGGS & PURRS agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes all claims against WAGGS & PURRS except those arising from legal negligence or willful misconduct on the part of the pet sitter. WAGGS & PURRS is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Client takes full responsibility for prompt payment, as outlined in POLICIES, of outstanding fees prior to services contracted. In the event of personal emergency, illness of pet sitter, inclement weather or natural disaster, client authorizes WAGGS & PURRS to arrange for another qualified person to fulfill responsibilities as set forth in this contract. WAGGS & PURRS will use all reasonable judgment for the care and well-being of client's pet(s) and home. WAGGS & PURRS will make practical efforts to maintain service during these conditions but reserves the right to adjust the schedule of service. Client has stated that pets are not aggressive and have not previously bitten anyone. Should pet sitter be bitten or otherwise exposed to any disease or ailment received from client's animals, it will be the client's responsibility to pay all costs and damages incurred by the victim. WAGGS & PURRS reserves the right to terminate this contract at any time before or during its term if pet sitter, in its sole discretions, determines that client's pet poses a danger to the health or safety of pet sitter or others. Client authorizes pet to be placed in a boarding kennel if deemed necessary for any reason with all charges therefrom to be charged to client. Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract, permitting WAGGS & PURRS to accept telephone or internet reservations for services and enter premises without additional signed contract or authorization. Client agrees to abide by POLICIES for departure and return phone calls to WAGGS & PURRS. WAGGS & PURRS is authorized to keep house keys on file for future services unless expressly requested for return. Client has read and received a copy of the POLICIES & PROCEDURES for WAGGS & PURRS, and agrees to all terms stated within the policies. The client or any person acting on the client's behalf waives any claims against any agents/employees/contractors of WAGGS & PURRS or Michelle Romano for any loss, theft, or damage to property or pets not due to willful negligence. Any and all changes made to this contract must be sent to WAGGS & PURRS office in writing.

*I, the undersigned client, have read this agreement and fully understand and accept all conditions stated herein.*

\_\_\_\_\_  
WAGGS & PURRS PET SITTING

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

How did you hear about Waggs & Purrs?  
\_\_\_\_\_  
\_\_\_\_\_

**VETERINARIAN RELEASE**

VET NAME \_\_\_\_\_

CLINIC NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

During my absence, **Waggs & Purrs Pet Sitting** will be caring for my pet(s) and have my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

If the above-named veterinarian is unavailable, another vet in his/her veterinary group is/is not acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) may/may not be taken to the nearest Emergency Veterinary Clinic. I will assume full responsibility upon my return for payment of all veterinary services rendered.

I understand that **Waggs & Purrs Pet Sitting** assumes no responsibility for the loss of the pet and is released from all liability related to transportation, treatment and expense.

This consent for treatment has no expiration date unless otherwise noted. A photocopy of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.

**Please file this form with my pet(s) records.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Pet(s) Full Names: \_\_\_\_\_

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