



Client's Name: _____

Text: (310) 463-2627 (In Case of an Emergency Please Call)

Email: woofpurrla@gmail.com • Website: www.woofpurr.LA

PET SITTING SERVICE AGREEMENT

• Please Print Clearly •

Date: ____/____/____ Email Address: _____

Pet's Name(s): _____

This Agreement is effective from (Date) ____/____/____ and is between Woof Purr LLC and
(Name) _____ (hereinafter referred to as "Client") who resides at

Address: _____ City: _____ CA Zip: _____

Phone #: _____ Cell #: _____ Office #: _____

Emergency Person's Name(s) and Telephone Number(s)

Name: _____ Telephone: _____

Landlord's Name: _____ Telephone: _____

Alarm Info: Location: _____ Disarm: _____ Alarm: _____

Password: _____ Company Name: _____ Phone #: _____

This Agreement constitutes permission to enter above address and perform duties as outlined in the client and relevant Pet Information Sheet, Service Agreement, and Veterinarian Release. Any changes to this Agreement must be done so in writing or they will be null and void. Woof Purr LLC has the right to make any changes to this Agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

Services / Rates (Please circle):

Dog Sitting / Cat Sitting / Small Animal Sitting / Fish Care / Bird Sitting / Dog Walking / House Sitting

Rate: \$_____ per visit • Rate: \$_____ per overnight • Holiday: An additional \$15 per visit/night

Payment for Services: Check PayPal (Please contact for PayPal instructions)

Any medical health concerns: (Must fill out Medication Permission slip if administering medication)

Veterinarian Release Form has been read and signed: Yes / No

Client and relevant Pet Information Sheet(s) has been read and signed: Yes / No

Additional information comments: _____

Initial: _____

POLICIES AND AGREEMENTS: Client will contact by email or text, **Woof-Purr LLC (office)** before departure to confirm days of pet sitting. Client will also contact **Woof-Purr LLC (office)** upon arrival to let us that client is safely home with pets. Client **WILL** contact **Woof-Purr LLC (office)** before leaving on trip to confirm visits/walks with your pet. Initial: _____

Woof-Purr LLC and its employees agree to provide services stated in this Agreement in a reliable and trustworthy manner. • In consideration of these services and as an express condition thereof, the Client expressly waives any and all claims against Woof-Purr LLC or its employees, unless arising from gross negligence on the part of Woof-Purr LLC. Client agrees to notify Woof-Purr LLC of any concerns within 24 hours of returning home. • Woof-Purr LLC cannot be responsible for pets that bite, suffer an accidental death or escape from faulty fencing or from inside the home due to faulty screens, doors, etc. • Woof-Purr LLC cannot be responsible for any complications pets may suffer or actions of pets while they are unattended. • Woof-Purr LLC or its employees shall not be held responsible for the loss, injury, death, or actions of any pet that the Client has let outside or has instructed Woof-Purr LLC to allow outside while sitter is not there. This includes pets with doggie doors and outdoor pets. • The Client understands that all pets (where appropriate) must have a veterinarian and must be up to date on the rabies vaccination. Client agrees to reimburse Woof-Purr LLC for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to pet(s). • Woof-Purr LLC will not sit for acutely ill animals or those with uncontrolled medical conditions. We suggest the pet be boarded with a Vet. • Woof-Purr LLC does not accept aggressive animals. Client agrees to be responsible for all costs (including, but not limited to, medical care, attorney fees, etc.) if client's pet should bite another person or animal. • Woof-Purr LLC will not walk unruly or untrained dogs or dogs that choke themselves on their leash. All pets must be walked on a leash, no exceptions. Woof-Purr LLC is not responsible should an accident occur when using retractable leashes, as they can be dangerous. Woof-Purr LLC recommends a harness or a Martingale Dog Collar to make sure your dog is as safe as possible. • Woof-Purr LLC does not diagnose, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian. • Woof-Purr LLC must be given two sets of house keys. (One for the office and one for the walker/sitter. Keys will be kept for future use. If Client would like keys picked up at a separate time other than consult or returned there is a \$20 drop off fee, other option is a lock box and one key for office. Please check keys in the door before consultation.) Client authorizes Woof-Purr LLC to obtain the services of a locksmith should a key/garage opener malfunction. Client will be responsible for all charges. **Keys given: Yes / No** If no, please explain: _____

CANCELLATION POLICY: Cancellations must be received within 96 hours of scheduled visit or a cancellation fee of \$50 will apply. Overnight cancellations must be received within 1 week and holiday overnights must be received 2 weeks of scheduled overnights or a cancellation of \$75 will apply. Woof-Purr LLC reserves the right to deny service or terminate service if job differs from original consult or if job poses safety concerns, financial concerns, or inappropriate or uncomfortable situations. **BUSINESS HOURS:** Services (Visits/Walks) are usually completed during 7am-7pm unless we are behind schedule. • Woof-Purr LLC will not accept time specific calls as we cannot guarantee specific times accurately. A two to three hour window is acceptable. Overnight stays begin at 7p.m. until 7a.m. (unless otherwise discussed) and includes 2 hour off-premises meal break. If additional visits are needed during the day an additional fee is applicable. **EMERGENCIES:** Client agrees to authorize Woof-Purr LLC to handle any emergencies that may arise. Woof-Purr LLC will make every effort to contact Client, however Client gives Woof-Purr LLC authority to act in the pet's / home's best interest and be available at an hourly rate of \$30. • Woof-Purr LLC requires Client to have a responsible party to take care of your pet(s) in the event of unforeseen circumstances such as illness and in the event of inclement weather or a natural disaster. It is best your emergency contact is a neighbor so they can reach your home. • Woof-Purr LLC is not responsible for pets in these circumstances. **PAYMENT ARRANGEMENT:** Payment is expected before services are rendered. In the event of additional unforeseen visits or other costs (such as food, supplies or vet fees), payment is expected within 5 days of the completion of services or a late charge of \$20 will be applied. • Bad Check Policy: A \$30 fee is assessed on all returned checks. All fees and the entire invoice are due promptly and must be paid via money order or cash only. **CHANGES and CONFIRMATIONS:** The Client understands that all changes and confirmations of times and days will go through the Woof-Purr LLC's office by email or text. Please do not contact the sitter/walker with changes and confirmations unless you are contacting the office at the same time. This includes timing changes, scheduling changes, food changes, medication changes, confirmation of days/times or any other changes or confirmations. • Woof-Purr LLC is not responsible for pets or home if client has an outside person enter premises while pets and home are under the care of Woof-Purr LLC. Job sharing is not covered under Woof-Purr LLC insurance. We cannot be responsible for your pet or home if another service provider/friend/family/neighbor/workers/landlord enters your property while your pets are under our care.

By signing below the Client fully understands and agrees to the contents of this Agreement:



_____ / _____ / 20____
 Client's Signature Date

*If anything changes, please notify us immediately by email along with a note left in an agreed area in your home.
 This form will be kept on file for all future visits.*

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CAT SITTING INFORMATION SHEET

• Woof-Purr LLC Only Cares for Indoor Cats •

Please fill out a form for each cat so that we may provide the best possible care for your pet. Thank you!

Name of Pet: _____ Breed: _____ Color: _____

Markings: _____ D.O.B. : ____/____/____ Gender: M / F

Microchipped: Yes / No Microchip number: _____ Spayed/Neutered: YES / NO

Microchip company: _____ Company Phone #: _____

Aggressive: YES / NO If yes, please explain: _____

Precautions (i.e. afraid of...): _____

Does the cat try to bolt out the door? YES / NO Anything else we should know: _____

Medications: YES* / NO

*If yes, please fill out Medication Waiver Form

Vaccinations Current: YES / NO

Vet has current CC on file: YES / NO

Feeding time(s): _____ Food location: _____

Instructions for food/treats: _____

Caged / Run of the House / Outdoors / Limited to: _____

Collar description: _____ Location of carrier: _____

Litter box location: _____ Supplies/litter location: _____

Hiding places: _____

How to coax out of hiding: _____

Favorite toys/games: _____

By signing below the Client has entered the above information as completely and accurately as possible.



Client's Signature

_____/_____/20____
Date

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DOG SITTING INFORMATION SHEET

- Highly recommend a harness or Martingale Collar for safety •

Please fill out a form for each dog so that we may provide the best possible care for your pet. Thank you!

Name of Pet: _____ Breed: _____ Color: _____

Markings: _____ D.O.B. : ____/____/____ Gender: M / F

Microchipped: Yes / No Microchip number: _____ Spayed/Neutered: YES / NO

Microchip company: _____ Company Phone #: _____

Dog Tags are required to be on collar. Are there dog tags on your pet's collar?: YES / NO

Aggressive: YES / NO If yes, please explain: _____

Precautions (i.e. afraid of...): _____

Is your dog allergic to bee stings? YES / NO / Don't Know • If yes, what steps would you like Woof-Purr LLC to take if your dog is stung by a bee? _____

Medications: YES* / NO Vaccinations Current: YES / NO

*If yes, please fill out Medication Waiver Form Vet has current CC on file: YES / NO

Feeding Time(s): _____ Food Location : _____

Instructions for food/treats: _____

Caged / Run of the House / Outdoors / Limited to: _____

Leash/collar description: _____ Leash, collar, etc. location: _____

Walk Route: _____

What commands does your dog know? _____

Favorite toys/games: _____

Anything else we should know: _____

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_____/_____/20_____
Date

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VETERINARIAN RELEASE

• Part One: Client and Pet Information Form •

Client's Address: _____

Email Address: _____ Phone(s): _____

Emergency Person's Name(s) and Telephone Number(s)

(Please choose an emergency contact person(s) that can make decisions for your pet(s) if you are not available.)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

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Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

(Additional pets and pet information, please list on the back of paper.)

Regular veterinarian must have credit card information on file. (A copy of your driver's license and a copy of the front and back of your credit card in a sealed envelope must be left at your house in case of pet being taken to emergency room. Please sign and state on the note that this is for services for your pet only.) Please contact office and let us know where you will be keeping the sealed envelope at your house. If your veterinarian is not available or pet needs to get to the nearest vet, I authorize Woof-Purr LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. Treatment will be given as to the recommendation of the vet, if you or your emergency contact person is not available. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

Please Initial: _____

Client's Name: _____

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VETERINARIAN RELEASE

• Part Two: Veterinarian Information and Signature Form •

Veterinarian Information:

Clinic's Name: _____

Doctor: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

During my absence, Woof-Purr LLC will be caring for my pet(s).

In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Woof-Purr LLC permission to transport my pet(s) to the above veterinarian or nearest emergency hospital and authorize treatment in the event of an emergency or sickness.

- I give permission to Woof-Purr LLC to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). It is very important that the maximum dollar amount is entered.
- I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.
- I agree to authorize veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or reach my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____

I have entered the above information as completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



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MEDICATION WAIVER

- Health Record must be filled after each vet visit or when new medications are required •

Please fill out a form for each medication so that we may provide the best possible care for your pet. Thank you!

Pet's Name: _____ Type of Pet: _____ Breed: _____

Last Check-up: ___/___/___ D.O.B. : ___/___/___ Gender: M / F Spayed/Neutered: YES / NO

Known medical conditions: _____ Vaccinations: _____

Number of medications needed during service contract: _____

Name of Medication (only enter one medication here): _____

Reason for Medication: _____

Instructions for administration: _____

Times to Administer Medication: _____

Dosage Each Time: _____ Has this pet been on this medication before: YES / NO

Known side effects: _____

Any known problems with administering: YES / NO If yes, describe: _____

Woof-Purr LLC and staff agree to administer medication to above pet per the instructions listed above. Woof-Purr LLC shall not be responsible if pet refuses medication. Woof-Purr LLC shall not be responsible for any reaction pet has to medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Woof-Purr LLC harmless of any claims unless gross negligence has been proven. This Agreement will remain valid until a new agreement has been filled out.

I have entered the above information as completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



_____/_____/20_____
Client's Signature Date

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