



## Service Agreement

### Client Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Mobile Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Would you like to receive email updates about your pet?  Yes  No

Where will you be staying?  
 Name/Hotel/Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Local Emergency Contact  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Care Dates

Beginning: \_\_\_\_\_, 20\_\_ AM MD PM Ending: \_\_\_\_\_, 20\_\_ AM MD PM

Times of Visits: Morning: \_\_\_\_\_ Midday: \_\_\_\_\_ Evening: \_\_\_\_\_

Every effort will be made to visit your pet at the requested time, however, small scheduling adjustments may be made, typically no more than 30 minutes, prior to or after the requested time. You must check out when you leave and check in when you return.

### Pet Information

Name	Canine/Feline/Other (Explain)	Breed	M/F	Color	Age	Attitude
1)						
2)						
3)						
4)						
5)						

Special Remarks About Any Pet: \_\_\_\_\_

### Meal and Feeding Information

Name	Kibble / Wet / Both	Brand	Amount	Times/Day	Treats? Qty / Day
1)					
2)					
3)					
4)					
5)					

Special Remarks About Meals: \_\_\_\_\_

### Excercise Information

Name	Does Pet Go Outside?	Can Play With Other Pets?	Any Special Considerations?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Remarks About Any Pet: \_\_\_\_\_

**Grooming Information**

Name	Does Pet Need Brushing?	Any Special Considerations?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Remarks About Any Pet:

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**Medication Information**

Name	Does Pet Take Medication?	Type	Quantity/Dosage	When
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special Remarks About Any Pet:

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**Veterinarian Information**

*All clients of Pet Sitting by Margaret are required to have a family veterinarian that may be contacted in the case of an emergency. If you do not have a family veterinarian, please write Closest Emergency Vet as the contact name.*

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

Clinic: \_\_\_\_\_

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

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

Office Phone: ( ) \_\_\_\_\_

Is your pet microchipped?  Yes  No

Do You Have Pet Insurance?  Yes  No

Date of last Rabies immunization:  1 YR  3 YR

By checking this box, I hereby acknowledge that my veterinarian is aware that we will be having a pet caregiver during our absence and any costs that are incurred for emergency veterinarian services during our absence for any of the pets listed in this agreement shall be paid for by us upon our return.

By checking this box, I authorize my **family veterinarian**, listed on this agreement to make decisions regarding the welfare of my pet(s), also listed on this agreement, in the event that I (we) are not able to be contacted for authorization. This authorization shall only be valid during the period of care indicated in this agreement.

**Where Did You Hear About Us?**

(Optional) We would love to know how you found out about Pet Sitting by Margaret. Please check as many as apply.

- Business Card from local business
- We saw your name on your Vehicle
- Key Noter
- .com Forum (web)
- Direct Mail
- Flyer
- Expo or other Trade Show Event
- Pet Sitting by Margaret employee

Friend / Family / Neighbor Referral

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

They will receive a discount off a future job for the referral.

Vet / Groomer (Please specify below):

Other (Please specify below):

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**Agreement**

Pet Sitting by Margaret agrees to provide services to client listed in this agreement beginning and ending on the dates also indicated in this agreement. All services performed will be in accordance with the directions listed in this agreement. No deviation from those directions will be made without prior written consent by the client. Any changes to services must be done in writing and a copy of those changes must be attached to this agreement.

The client waives any claim against Pet Sitting by Margaret, except when Pet Sitting by Margaret has been found to be negligent in its duties and responsibilities. At no time will Pet Sitting by Margaret be responsible for any liability arising from acts of God, including, but not limited to natural disasters such as fire, flood, hurricane, tornado, wind, rain or hail.

All payment for services shall be made no less than 14 days after services have been performed. Any deposit made to Pet Sitting by Margaret shall be applied to the balance due at the end of the service period. A final invoice for all services will be left in the home of the client after the final visit to the client's home.

Any estimates shall be good for 30 days.

**Choose Services:**

- Canine Pet Service
- Feline Pet Service
- Other Pet Services (Birds, Reptiles, Rabbits, Etc.)

**Choose Additional Services:**

- Additional Pets \_\_\_\_\_
- Holiday Days \_\_\_\_\_
- Bring Mail In (no charge)
- Bring Paper In (no charge)
- Water Plants (no charge)
- Change Light Scheme (no charge)
- Other \_\_\_\_\_ (charges may apply) \$ \_\_\_\_\_ (total cost)

**Final Cost:**

The final cost, as indicated by the choices above will be \$ \_\_\_\_\_ plus any applicable state tax.

A deposit of \$ \_\_\_\_\_ has been received.

A balance of \$ \_\_\_\_\_ will be due no more than 14 days from the date of return listed on this agreement.

**Client Acceptance**

I have read and understand the above agreement and accept all terms and conditions herein.

- Dates Checked for Accuracy
- All Pets Are Listed
- Deposit Paid (if necessary)

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Pet Sitting by Margaret™ Date

\_\_\_\_\_  
Print Name Here