

**Dogs Unleashed**  
129 West Union Street Morganton NC  
828-475-6800

## PET SITTING SERVICE AGREEMENT

THIS AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (“Effective Date”) between Dogs Unleashed LLC

and

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[name of client]

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[address of client]

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[city]

[state/prov/region]

[zip/postal code]

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[phone numbers]

[cell / mobile]

[email address]

(“Client”), on the terms and conditions set out below.

1. **Term of Agreement:** The term of this Agreement will commence on the Effective Date, and will continue on an as-needed basis until the Agreement is terminated by either party, as provided hereunder.
2. **Services.** Contractor will provide the services (“Services”) set out in Schedule A attached hereto, with respect to the pet(s) (“Pet(s)”) described in Schedule C attached hereto. Contractor shall provide the Services in a timely, reliable, caring and trustworthy manner.
3. **Rates, Fees & Deposits.** Contractor will provide the Services at the rates set out in Schedule B attached hereto. Fees for additional services are also listed in Schedule B. A deposit of [choose appropriate option: \$\_\_\_\_\_ / \_\_\_\_%] is required at least \_\_\_\_ business days prior to the date on which the Services are first required, with the exception of emergency travel, in which case the deposit is required no later than 24 hours prior to Client’s departure. The balance is due on the first (1<sup>st</sup>) business day following Client’s return. A returned check charge of \$\_\_20\_\_ will be charged for all returned checks.
4. **Cancellations.** Cancellations may be made up to \_\_2\_\_ days in advance of a scheduled first visit, EXCEPT during holiday periods (Christmas, New Years, Easter, Thanksgiving). Any prepaid deposits will be refunded if cancellation is made within the \_\_2\_\_-day period. Deposits will not be refunded for cancellations made after the \_\_2\_\_-day period. DEPOSITS MADE FOR HOLIDAY RESERVATIONS ARE NON-REFUNDABLE.
5. **Overdue Accounts.** Interest will be charged on account balances which remain unpaid for \_\_10\_\_ days or more after the same become due at the rate of \_\_20\_\_% per month until paid. Contractor reserves the right to discontinue providing the Services until the account is paid in full, including any additional charges and accrued interest. Client will also be liable for all costs of collection of overdue accounts, including legal fees.

6. **Emergency Veterinary Care.** Client authorizes Contractor to obtain emergency veterinary care for a Pet as and when necessary during the term of this Agreement. Contractor agrees to contact the veterinarian named in the Medical Profile attached as Schedule D hereto. If Client's veterinarian is unavailable, Contractor is authorized to seek veterinary care from an alternate veterinarian. Contractor agrees to make every effort to contact Client prior to obtaining emergency veterinary care. Client agrees to reimburse Contractor for any additional fees and charges related to the provision of emergency care, as well as all expenses incurred by Contractor for transportation to and from the veterinarian, kenneling, medication, supplies, special diet, and other items related to the veterinary care. Client also agrees to pay Contractor the hourly rate of \$15 per hour for any additional time spent in dealing with the emergency.

7. **Proof of Vaccination.** Client must provide evidence that any Pet which is required by law to be vaccinated is up to date on all vaccinations.

8. **Food and Supplies.** All food, supplies (such as kitty litter, trash bags, etc.) will be provided by Client. Contractor reserves the right to purchase additional food and/or supplies at its discretion if necessary. Client agrees to reimburse Contractor for all expenses and costs with respect to obtaining such additional food and/or supplies, including time spent.

9. **Injury or Damage.** Client will be solely responsible for all medical expenses, claims and damages resulting from an injury to Contractor, its employees or any other person by a Pet. Client agrees to indemnify and hold Contractor harmless in the event of a claim by any person injured by a Pet. Client also agrees to fully disclose to Contractor any past incidents of injury to any person or animal involving a Pet. Client will also be responsible for any damage to a vehicle belonging to Contractor or its employees which is caused by a Pet. Client represents that all Pet(s) covered under this Agreement are not aggressive towards people or other animals.

10. **Insurance.** Contractor carries liability insurance in the amount of \$\_\_\_\_\_ per event. *[list all insurance carried which is applicable to the business.]* Proof of insurance will be provided to Client, upon request.

11. **Access to Client's Residence.** In order for Contractor to perform the Services hereunder, Contractor requires access to Client's residence. Client agrees to provide a key, and to notify any appropriate third parties (such as family, friends, security / alarm companies) of Contractor's identity and the dates during which Contractor will be providing the Services. Client agrees to drop off the key to Contractor prior to the first visit. Keys will ONLY be returned in person to Client or to such other person as Client may authorize in writing. Contractor will retain the key at the last visit, for pick-up by Client.

Please list other persons who hold keys to Client's residence, in the event of an emergency:

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

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

Instructions for security systems:

12. **Waiver and Release.** As an express condition of this Agreement, Client hereby waives and relinquishes any and all claims against Contractor, its employees, agents and assigns, except those arising from negligence or willful misconduct on the part of Contractor. Client hereby releases Contractor, its employees, agents and assigns, from any liability of any kind arising from the provision of the Services hereunder, including injury or death of a Pet while in the care of Contractor, provided that Contractor has

at all times performed the Services in a timely, reliable, caring and trustworthy manner accordance with the terms of this Agreement.

13. **Limitation of Contractor Liability.** Client acknowledges and agrees that Contractor shall not be liable for:

- (a) the injury, disappearance, death, or fines of any Pet(s) which have unsupervised access to the outdoors; or
- (b) any damage to Client’s property or that of other parties caused by a Pet during the period in which such Pet is in the care of Contractor.

14. **Complaints.** Client agrees to notify Contractor of any complaints regarding the provision of the Services within   1   [hours/days] of the date on which the complaint arises.

15. **Termination Without Cause.** When not in default of its obligations hereunder, either party may at its sole discretion terminate this Agreement at any time, upon   2   days written notice to the other party. Contractor reserves the right to terminate this Agreement upon two (2) days written notice if Client is in default of payment, or if Contractor has safety concerns regarding any Pet, provided, however, that Contractor agrees not to terminate the Agreement in Client’s absence.

16. **Continuing Obligation.** It is understood and agreed between the parties that this Agreement contemplates that Client will be in need of Contractor’s Services from time to time in the future, and it is further understood and agreed that the obligations and covenants contained herein shall apply to each provision of Services in the future, without the necessity of entering into another agreement, unless altered in writing and signed by the parties hereto.

17. **Schedules.** The following Schedules attached hereto form part of this Agreement and are incorporated herein by reference:

- Schedule A List of Services to Be Provided
- Schedule B Fees and Rates
- Schedule C Pet Information Form(s)
- Schedule D Medical Profile(s) & Veterinarian Information
- Schedule E Statement of Client re: Pet Health and Temperament

A new Schedule B must be completed for each session. In the event of changes to the information contained in Schedules A, C, D and E, the Schedule may be amended and replaced if signed by both of the parties, and such amended Schedule shall form part of this Agreement as if it had originally been a part hereof.

18. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of   NC  .

**IN WITNESS WHEREOF** the parties hereto have executed this Agreement on the date first above written.

[NAME OF PET SITTING SERVICE]:

CLIENT:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Signature of Client

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Print Name & Title

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Print Name

## **Schedule A Services to Be Provided**

### **In-Home Pet Sitting During Client's Absence**

For the safety and comfort of your pet(s), you must schedule at least one visit per day for cats or other animals that do not require outdoor potty breaks, and two visits per day for dogs. Each visit will last approximately \_\_\_\_\_ and includes:

- Providing pet(s) with fresh food and water
- Cleaning of food dishes and feeding area
- Minimum of \_\_\_ hours playtime, petting and attention
- Cleaning of litter boxes, cages, enclosures
- Administering medications and vitamins if required
- Cleaning up any "accidents"
- Preparation of daily Report Card of health and well-being
- Monitoring older animals
- Bringing in mail and newspapers
- Adjusting drapes and lights
- Watering indoor plants
- Taking trash to trash cans
- Allowing pet(s) access to outdoor area for "potty break" and playtime (weather permitting)

### **Dog Walking**

Only one dog per walk, with the exception of small dogs that can be walked on a split leash. ALL DOGS MUST BE ON LEASH WHEN WALKED.

- Walking dog(s) on leash for \_\_\_\_\_ minutes, between \_\_\_\_\_ AM and \_\_\_\_\_ PM
- "Poop scoop" patrol while on walk (plastic bags to be provided by Client)

### Schedule B Fees & Rates

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Rates (per pet):

Daily rate of \$ \_\_\_\_\_ (up to 2 visits per day)

Daily rate of \$ \_\_\_\_\_ (3 or more visits per day)

Mileage charge: \$ \_\_\_\_\_ per mile

Dog walking charge \$ \_\_\_\_\_ (between \_\_\_\_ AM and \_\_\_\_ PM)

Pet transportation / delivery - \$ \_\_\_\_\_ per hour, plus mileage plus cost of service or merchandise

Date	# of Visits	Daily Charge	Extras	Mileage Charge	Subtotal

Total: \_\_\_\_\_ \$  
Less deposit(s) paid:

**BALANCE OUTSTANDING:**

### Schedule C Pet Information Form

*A separate Pet Information Form must be completed for each pet.*

Pet name:			
Type of animal:			
Color/markings:			
Age:		Sex:	
Breed:			
Spayed or neutered:	YES	NO	
Health issues: (list medications on medical profile)			
Can the pet go outdoors in bad weather?	YES	NO	
Favorite activities / toys:  House trained?  How is waste disposed of?  Where is food kept?  Daily feeding schedule:  Additional information:	AM/PM          AM/PM	FOOD: AMOUNT:          FOOD: AMOUNT:	NO          NO
<b>IF PET IS A DOG, ANSWER THE FOLLOWING:</b>			
Is the pet leash trained?	YES	NO	

Where is the leash?	
Where do you normally walk your pet?	
Where do you keep plastic bags to clean up after your pet?	
Where do you dispose of these bags?	
Are there any people or animals the pet should stay away from?	
How does the pet react to strangers?	
Has the pet attacked anyone previously?	
How does your dog react to other animals?	
Is your dog frightened or nervous around anything?	
Does your dog have formal obedience training	
What commands does your dog know?	
<b>IF PET IS A CAT, ANSWER THE FOLLOWING:</b>	
Where do you keep the litter box?	
Do you use a liner in the litter box? If so, where are they kept?	
Where do you dispose of used litter?	
How often do you change the litter?	



**Schedule D  
Medical Profile & Veterinarian Information**

*A separate Medical Profile Form must be completed for each pet.*

Pet name:	
List medication(s) (including vitamins):	
Purpose of medication:	
How many times a day should the medication be given? Please specify times	
In what form is the medication?	Pill                  liquid
How do you give your pet the medication?	
Does the pet take the medication willingly?	Yes                  no
If the pet does not take the medication well, what methods do you use to ease this?	
Please list any vaccinations your pet has had within the past two (2) years:	Vaccination: Date:  Vaccination: Date:
Additional instructions:	

<b>VETERINARIAN INFORMATION</b>	
Hospital/clinic:	
Doctor name:	
Address:	
Phone number(s)	
Emergency contact:	

I hereby certify that I have examined the above mentioned pet within the past TWELVE (12) months, and that it is in general good health. I hereby certify that the pet is not under any medical care for communicable diseases or conditions, and is up to date on all required vaccinations.

Dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

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Client Signature

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Print Client Name

**Schedule E**  
**Statement of Client re:**  
**Pet Health and Temperament**

I understand that I am solely responsible for any harm or damage caused by my pet(s) while in the care of Dogs Unleashed. I understand and agree that, in entering into this Agreement Dogs Unleashed has relied on my representation that my pet(s) is/are in good health.

I hereby represent and warrant that my pet(s) have not harmed or shown any aggressive or threatening behavior towards any person or animal. I understand and agree that Dogs Unleashed shall not be held liable for any actions by my pet(s) and hereby release Dogs Unleashed from any liability.

I understand that problems arising with my pet(s) shall be treated as deemed best under the sole discretion of Dogs Unleashed, and I assume full financial responsibility for any and all expenses involved. I assume the risk of any damage or injury which my pet(s) may suffer, including but not limited to any injury or damage resulting from the action of my pet(s).

I certify that I have read and understand this Statement, and that it is true to the best of my knowledge and belief.

Dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Client Name

