



Desert Pet Sitters– Veterinary Release Agreement

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In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Desert Pet Sitters, I give permission to Desert Pet Sitters to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask Desert Pet Sitters to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet / all pets (most common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Desert Pet Sitters care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Desert Pet Sitters care providers to use their best judgment in handling these situations, and I understand that Desert Pet Sitters and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Desert Pet Sitters for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Desert Pet Sitters and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Desert Pet Sitters of any signs of injury or possible illness before any visit as soon as the condition appears. Desert Pet Sitters reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Desert Pet Sitters strives to provide clean, safe service to each of our clients. In doing so, Desert Pet Sitters strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Desert Pet Sitters cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Desert Pet Sitters care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name: _____

Client Signature: _____ Date: _____



For the purposes of this document, the terms Client, Owner, Pet Owner, and Customer are synonymous with the person contracting services for one or more domestic animals.

- A **signed Service Request** must be provided to your sitter before service is provided for any period.
- Deposit in full is due at time of reservation. **Reservations are not held** until payment in full is received by Desert Pet Sitters or special arrangements are agreed upon by both parties in writing. A \$2 per visit late charge will be assessed to service that is not paid in advance. Reservations for not yet cleared PayPal payments will be honored.
- There will be a **\$20 service charge** for each returned check.
- Unpaid service may be cancelled without notice, including prior to or during the service period.
- Cancellation Charge Schedule effective 1/19/2004 (% applies to entire service period total):
 - **0 - 48 hours** prior to any service, and/or Holidays: Payment in full is charged (no refunds)
 - **2 - 7 days** prior to service: 20% of service total is due (equals an 80% refund)
 - **8 days** prior to service or more: No charge, refund in full.
- Reservations are made to plan sitter availability to clients. Therefore, clients returning home early will be required to pay for the reserved amount of time scheduled including travel time. Clients will not have to pay for scheduled Special Services not preformed.
- Desert Pet Sitters is not responsible for wilted, dead or otherwise unhealthy plants. Desert Pet Sitters will work hard to follow your written directions as precisely as possible, but cannot be responsible if the results are not favorable. ***Please place all indoor plants together on a waterproof surface in plain sight***, as your pet sitter is not responsible for water damaged areas or missed plants.
- Desert Pet Sitters is not responsible for damage to the home beyond the control of the Pet Sitter. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, the company will attempt to contact the customer and then the emergency contact before making a subjective decision on dealing with the problem. All repairs and related fees (including Special Service emergency service time and coordination fees) will be paid by the client, or fully reimbursed to Desert Pet Sitters within 14 days.
- Desert Pet Sitters is not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Pet Sitter. Desert Pet Sitters agrees to remain fully insured through PSA or a comparable entity, including optional Special Property Endorsement (protects against theft, breakage, etc as caused by an employee) or bonding. Desert Pet Sitters accepts no responsibility for security of the premises or loss if other individuals have access to a client's home, or if the home is not properly secured.
- All other individuals that visit the home will leave a log of their visit.
- Desert Pet Sitters is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Pet Owner agrees to secure home prior to leaving the premises. Desert Pet Sitters will re-secure the home to the best of its ability at the end of each visit. While keys are in the possession of a Pet Sitter, they will be either on the Sitter's physical person, or be properly stored an undisclosed location. Desert Pet Sitters subscribes to insurance coverage through PSA for lost key lock replacements.
- Pet Owner must have legal rights to place the animals in the care of Pet Sitters, Kennels, and Veterinary Clinics. The Pet Sitter cannot service a home with "Visiting" pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, including a Legal Considerations Agreement, accepted and signed by each rightful owner(s).

- The terms of this document apply to all the pets owned by the client, including any and all new pets that the customer obtains on or after the date this document was signed, at any and all locations the owner designates for service.
- Pet Owner is responsible for pet-proofing house and yard, and the security fences/gates/latches. Desert Pet Sitters will not be responsible for the safety of any pets and will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
- Desert Pet Sitters is authorized to seek any emergency veterinarian assistance needed during visits, at the cost of the client, from any veterinarian as chosen by the sitter. However, the company is not responsible for the health/well being of the animal.
- Pet Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit harness (halter, collar, etc...) for walks or in case of emergencies, firmly affixed vaccination tags, a lead rope or leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. Pet Owner authorizes any purchases necessary for the satisfactory performance of duties. Pet Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse Desert Pet Sitters within 14 days for all purchases made.
- Pet Owner will be responsible for all medical expenses and damages resulting from an injury to a Pet Sitter, or other persons, by the Pet. Customer agrees to indemnify, hold harmless, and defend Desert Pet Sitters in the event of a claim by any person injured by the Pet.
- It is suggested that arrangements be made with someone to evacuate your pets in case of a disaster or weather related event/crisis/"Code Red". Desert Pet Sitters will definitely try to see to your pets safety/care should such events occur, but cannot guarantee it.
- Future Services: I authorize this contract to be valid approval for services so as to permit Desert Pet Sitters to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.
- Desert Pet Sitters reserves the right to terminate this contract at any if the Pet Sitter, in his/her sole discretion determines that Owner's pet poses a danger to the health or safety of itself, other pets, other people, or the Pet Sitter. If concerns prohibit the Pet Sitter from caring for the pet, the Owner authorizes the pet to be placed in a kennel (or previously arranged locale), with all charges (including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability) to be the responsibility of the Owner.
- Desert Pet Sitters agrees to provide services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of the services as an express condition thereof, the client expressly waives and relinquishes any and all claims against the company and its employees, except those arising from negligence. Claims of negligence that involve a hired Independent Contractor, hired by Desert Pet Sitters will be the responsibility of the Independent Contractor and the company they represent. All hired Independent Contractors are required to carry liability insurance with optional coverage or bonding through a reputable company.
- Client agrees to notify Desert Pet Sitters of any concerns within 24 hours of return.
- This agreement is valid from the date signed, and replaces any prior Legal Considerations agreements. Client agrees to any future Desert Pet Sitters term changes relayed *verbally to the client*, mailed or emailed in writing to the client, or posted on our website under the heading Terms .
- The owner states that he/she as read this agreement in its entirety and fully understands and accepts its terms and conditions.

Client/Owner Name:

Signature: _____ Date: _____



Desert Pet Sitters – Pet Information Disclosure

PI

Please complete one Pet Information Disclosure form per pet or litter.

Owner:

Pet Name:

Length of Time Owned:

Pet Type: Dog / Cat / Horse / _____

Breed:

Sex: M/F Declawed: Y/N Neutered: Y/ N

License #:

Microchip/Tattoo/Dog Tag #:

Physical Description (if similar to another):

Birth date: Or Age:

Weight: Or Size:

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ Min

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Name: Amt: Location:	Notes:	

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all	<input type="checkbox"/> Allowed on furniture, counters, beds
<input type="checkbox"/> ONLY allowed outdoors on leash	<input type="checkbox"/> Restrict pet area/crate only when pet is alone
<input type="checkbox"/> Turn out, invisible fenced yard with collar	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, secure fence: _____	Restricted Area/Crate Location:
<input type="checkbox"/> Turn out, no fence, but doesn't leave yard	Other off-limit areas:
<input type="checkbox"/> NOT allowed indoors	

Owner: Pet:

Emergency Care: **Placing Credit Card on file at vets office is recommended*

Vet Name: _____ Pet Allergies: _____

Clinic Name: _____ Vaccinations up to date on (month/yr): _____

Phone: _____ Heartworm test: Negative / Positive

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

Pet reacts to the above by:

Has Pet Ever:

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Describe (even if mild, or under extreme/unusual situations)

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	_____
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	_____

Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____



Desert Pet Sitters – Contact Information

CI

First Name:

Pet(s):

Address:

Directions:

Consultation:

Date

Time

<input type="text"/>	<input type="text"/>
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First Sit:

Start

End

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Second Sit:

Start

End

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Scheduling:

Tentative

Reserved

References:

Emergency Contacts

(Alternate)

Name:

Phone:

Cell/Work:

Relationship:

Location:

Last Name:

Inquiry Date:

/ /

Method:

Returned Call:

Home Phone:

Cell Phone:

Work Phone:

Email:

Prior Sitter:

Referred By:

Contact Method:

Home Phone Cell Email

Status:

Will Call Back

Interviewing Others Also

Service Type:

Vacation Periodic Daily

Frequency:

X per Day Week

Length:

_____ Minutes Per Visit

Rates Quoted:

Travel: \$ _____

Miles: _____

Mins: _____

Special Alerts

FLIGHT RISK, Describe:

OUT ON LEASH ONLY

No Leash Outside

WATCH DURING FEEDINGS

Separate Dishes

NO TREATS

Pick Up Dish after _____ Mins

Other:



Owner:

Green and yellow highlighted area for owner and pet information.

Pet(s):

Usual Vehicles & Visitors At Home:

Empty box for vehicles and visitors.

Locations:

Crated Area

Empty box for Crated Area.

Leash/Collar

Empty box for Leash/Collar.

Grooming

Empty box for Grooming.

Food Dish

Empty box for Food Dish.

Food

Empty box for Food.

Water

Tap Filtered Bottled

Water Dishes

Empty box for Water Dishes.

Medications

Empty box for Medications.

Treats

Empty box for Treats.

Litter Box

Empty box for Litter Box.

Poop Scoop

Empty box for Poop Scoop.

Kitchen Waste

Empty box for Kitchen Waste.

Outside Waste

Empty box for Outside Waste.

Recycle Bin

Empty box for Recycle Bin.

Paw Towels

Empty box for Paw Towels.

Paper Towel

Empty box for Paper Towel.

Spot Cleaner

Empty box for Spot Cleaner.

Broom/Vacuum

Empty box for Broom/Vacuum.

Put Mail

Empty box for Put Mail.

Indoor Plants

Empty box for Indoor Plants.

Outdoor Plants

Empty box for Outdoor Plants.

Birdfeeders

Empty box for Birdfeeders.

Snow & Ice Care Instructions / Contacts:

Empty box for snow and ice care instructions.

Notes & Misc:

Empty box for notes and miscellaneous information.

Key - **MUST TEST**

- Pet Sitter Has
- Will Mail
- Drop off
- Will Leave
- Use Code
- Unlocked
- Client Present
- Other

Describe Key:

Backup Entry:

Usual Visits

- Morning
- Afternoon
- Dusk
- Night

Length

Time Slot

Length	Time Slot



Desert Pet Sitters – Service Request

Pets

Client Full Name

Today's Date

Phone

Service Begins

 / /

Time

Daily

Every Other Day

Weekdays

Service Ends

 / /

Time

Details	Visit Time	Length	Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning			+		X	=	
Afternoon			+		X	=	
Dusk			+		X	=	
Night			+		X	=	
						Subtotal	
						Additional Charges	
						Discounts	
						Grand Total Deposit Due	

How may we reach you while you are away?

Phone:

Email:

Trip Description/Hotel/Notes & Visitors Expected

Tasks

<input type="checkbox"/>	Email Log	
<input type="checkbox"/>	Walk Dog	
<input type="checkbox"/>	Feed	
<input type="checkbox"/>	Pill / Shots	
<input type="checkbox"/>	Injections	
<input type="checkbox"/>	Plants	
<input type="checkbox"/>	Clean Litter Box	
<input type="checkbox"/>	Take Out Trash	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Special Notes & Other Tasks

Payment Method

Pay Date

This request **must be confirmed** by my pet sitter, and **a Signed Copy with payment must be left for the pet sitter**. Make Payments out to Terah J. Logan. By submitting this request, I agree to all terms as stated on [our website](#).

Signature: _____ Date: _____