



PROVIDENCE PET SERVICES

Christel Carl ~ 936-661-6201 ~ dogwalkingcarls@gmail.com

Pet Care Agreement

Household Information:

Name: _____

Street: City: Zip: _____

Home #: _____ Office # _____ Cell # _____ Other _____

Referred by _____

E-mail: _____

Spouse/Other: Work #: _____ Cell#: _____

Do you own or rent your home? Own Rent Landlord/Management contact name and #: _____

Email/Phone Updates: Yes No If yes, email or phone#: _____

EMERGENCY CONTACT(S) _____ **Relationship** _____

Telephone _____

Key to home? Yes No _____

OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY

Name _____ **Relationship** _____

Key to home? Yes No **Date/Time of Visit?** _____

NOTE THE FOLLOWING INSTRUCTIONS, IF APPLICABLE

Alarm/Gate Entry Password _____ **Exit Password:** _____

Company Name & Phone #: Code Word: _____

PLEASE LIST THE LOCATION OF THE FOLLOWING:

Leashes Toys Carrier(s) _____

Food Treats Meds/Vitamins _____

Litter Box Litter Supplies Brushes _____

Broom/Vacuum Can Opener (if applicable) Doggie Towels _____

Water Shut off Valve Electrical Panel Box Fire extinguisher(s) _____

Location of Trash Cans/Dumpster: number of cans _____

INSTRUCTIONS-(These services are included at no additional charge with our pet care services)

Bring in Mail? Yes No **Location of mail box & key:** _____

Alternate Blinds? Yes No **Water Plants?** Yes No

Alternate Lights? Yes No **Turn on/off TV/Radio?** Yes No

Additional Instructions: _____

PET INFORMATION

Please complete this page for each pet

Pet Name: Cat Dog Bird Other _____
Sex: Female Male Spayed Neutered
Breed: _____ Color: Description: _____
DOB/Age _____ : Weight: _____

IDENTIFICATION

Color of Collar: ID Tags: Yes No _____
Micro Chip: Yes No _____
Chip Manufacturer: _____ Number _____
Please include or email a recent photo of your pet for our files

FEEDING INSTRUCTIONS

AM: _____ PM: _____
Specific feeding instructions: _____
Brand of Pet Food: _____
Treats allowed? Yes No Brand of Treats: _____
Allergies? Yes No If Yes, Explain: _____

MEDICATIONS

Name of Medication When to Administer _____ Amount How to Administer _____

VACCINATIONS

Rabies Shot: Expiration: _____
DHLPP Shot: Expiration: _____

HISTORY OF ILLNESS

List Illnesses & Explain

GENERAL INFORMATION

Has your pet ever snapped at or bitten anyone? Yes No is your pet ok with children? Yes No
Has your pet ever bitten or fought another animal? Yes No
Should we approach your pet with caution? Yes No
How does your pet react to your absence from home? _____
Does your pet like to play? Yes No Favorite Toys: _____
Does your pet like to exercise? Yes No Does your pet like to be brushed? Yes No
Any special instructions in the event of rain or thunder? _____

Scheduling Information

Please check the pet sitting service you are requesting and preferred one-hour time frames:

1 Visit per day _____ 2 visits per day _____
3 visits per day _____ 4 or more _____
Start Date/time frame: _____
End Date/time frame: _____
Please list any special requests or notes: _____

ADDITIONAL INFORMATION:

Policies & Procedures:

1. Scheduling and Visit times: We strive to care for the needs of your pet at the time frames that you request. If an unforeseen situation arises, the time interval may have to be adjusted.

2. Reservations: It is best to plan in advance in order to obtain services on the dates you desire. An in-home consultation is required, prior to reservations, **for all new clients.**

3. Reservation Confirmation: Please, do not leave town without directly confirming your reservations with Providence Pet Services via phone call or text at **936-661-6201**. If you do not get a response from us, we didn't get your message, so please try again.

4. Early Returns/Last minute Changes: Providence Pet Services will accommodate last minute changes as we are best able, but ask that consideration for our time and schedules be taken into account.

5. Pet Sitting Cancellations: It is common for companies to charge a 50% fee for any cancellations of less than 72 hours, and require payment in advance. While we do not currently do that, we do ask that you consider that our livelihood is based on our schedule and that late cancellations can make it very difficult to fill the empty spots. Please understand that this policy may change as circumstances require.

6. Additional Pet Care Assistance And Other Scheduled Services: Providence Pet Services does not accept liability for other persons who will be in your home prior to, during, or immediately after our services have been rendered. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, maintenance personnel, friends, family and neighbors. It is understood that the client will notify anyone with access to the home that the services of **Providence Pet Services** have been engaged.

7. Inclement Weather: You will entrust **Providence Pet Services** to use best judgment in caring for your pet(s) and home at the time of inclement weather. **Providence Pet Services** will try to carry out your instructions to the best of our ability. Customer selection of a nearby emergency contact has been requested.

8. Inclement Weather Plan: 1) Every effort will be made to drive to your home; 2) The service schedule may be changed, interrupted, or altered due to circumstances; 3) If it is not possible to drive safely to your home, your emergency contact will be notified, 4) You will be notified that the above-mentioned contingency plan has been activated.

9. Inclement Weather Contact: **Providence Pet Services** has requested the name and phone number of a person living nearby (with access to your home). This should be a person close enough to walk to your home if roads are impassable (for example, a neighbor). If we are physically unable to drive to your home this information is needed so that we can contact this person to request their assistance to check on your pet(s). Please remember that garage door openers are not operational in the event of power outages. **In the event that the customer does not provide a nearby emergency contact with access to your home to Providence Pet Services, customer realizes that Providence Pet Services will provide service but not until conditions allow us to reach your home safely.**

Name of Emergency Contact: _____

Address: _____

Home Phone: Alternate Phone: _____

10. Pet Guardianship: In the unfortunate event you become incapacitated while your pet(s) are in our care, please name the person(s) who should be contacted to become the guardian and take over the care of your pet(s) until care can be provided as arranged for in other legal documents prepared by you. We urge you to address care of your pet(s) when planning your estate. Please be sure the named person(s) is/are aware you are appointing them as guardian(s) of your pet(s). In the event of an emergency, which incapacitates me, I authorize **Providence Pet Services** to turn my pet(s) over to:

Name: _____

Address: _____

Home Phone: Alternate Phone: _____

Relationship: _____

11. Medication/Vaccinations/Immunizations: Providence Pet Services will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result. Under no circumstances will Providence Pet Services service any pet that has any form of active contagious illness. Providence Pet Services requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations. If a Providence Pet Services pet care provider is bitten or is exposed to any disease or ailment received from the clients pet(s) which has not been properly or currently vaccinated, the client will be responsible for all costs and damages that may be incurred as a result.

12. Unforeseen purchases: Providence Pet Services will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and wellbeing of your pet during your absence. We will retain a receipt and the pet owner is responsible for reimbursement of these items. We will attempt to contact you prior to making any necessary purchases.

13. Pet waste: Providence Pet Services will properly dispose of your pet(s) waste. We do request however, that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed of.

14. Collars/Leashes: Please provide secure collars with appropriate tags for all visits. All dogs will be walked on leashes.

15. Fences: Providence Pet Services does not accept responsibility or liability for any client animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced area. This includes electronic, wood, metal or any other type of fence.

16. Other dogs: We will do our best to keep interaction with stray or strange dogs to a minimum.

17. House Cleanliness: Providence Pet Services will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies. Providence Pet Services is not responsible for carpet/flooring stains created by your pet(s). We request that you provide plastic bags, towels, cleaning products, paper towels, and trash bags. Even pets that are well house-trained can have accidents or vomit occasionally.

18. Household Emergencies: Please provide the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units. Every attempt will be made to contact you for instructions first, and non-emergencies will wait for your return unless otherwise requested.

Company Name: Contact Person: _____

Phone Number: Alternate Number: _____

19. Thermostats: Please leave your thermostat settings within a normal comfortable range (68-78°F). If the house temperature is outside of this range, Providence Pet Services will request to adjust the thermostat to ensure the health and comfort of your pets.

20. Payment: Providence Pet Services accepts cash, checks, Zelle, or fee-free Paypal. Checks should be made payable to Christel Carl. Zelle-936-661-6201. Paypal christel5@yahoo.com.

21. Returned Check Charges: There is a \$35 fee for all returned checks. Clients are responsible for all costs of collections.

22. Keys: Providence Pet Services will obtain a copy of your house key or key code during the in-home consultation.

23. Key Retention: Providence Pet Services is willing to keep keys at no additional cost for convenience in future use of our service and to confirm services via telephone. Your keys will be kept in a secured lock system and are coded for your protection.

24. Key Pick-up/Drop-off: If you choose not to have Providence Pet Services retain your keys, key pick-up will be made prior to initial visit or drop-off can be made to Providence Pet Services office location in River Plantation. Arrangements for key return to be arranged prior to contract completion.

25. Updates: Please inform us of any changes regarding your contact numbers, your pets care needs and other pertinent information.

26. Privacy Policy: All of your information will be kept private and confidential. Providence Pet Services highly respects our clients entrusting us with the care of their home and pets

I, _____ have read, understand and agree to the policies and guidelines of Providence Pet Services I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of Providence Pet Services

I request that Providence Pet Services return my keys upon completion of each pet sitting assignment.

Initials _____

Pet Owner Signature _____ Date _____

Please note, we will **ALWAYS return texts or calls. If at any point you don't hear back from us within a reasonable period of time please, please try again because we would never want to neglect attending to your needs. Technology isn't always what we would like it to be so sometimes messages don't arrive at their destination.**

Supply Recommendations

Below you will find a listing of the supplies, which Providence Pet Services recommends that you have on hand for your pet before your departure. Please tell Providence Pet Services where these things are located.

Cats

1. Cat Food, (can opener if necessary) and Treats, if used
2. A supply of Kitty Litter, scoop, and bags to dispose of soiled litter
3. Toys (if you allow your pet(s) access to toys in your absence please inform us)
4. Brush and/or Comb
5. Paper towels and appropriate cleaning products
6. Garbage Bags
7. A list of last minute special instructions or contact number changes
8. Your travel itinerary

Dogs

1. Dog Food, (can opener if necessary) and Treats
2. Collar with Identification and State/Local License tags attached
3. A non-retractable leash in good working condition without tears or frays
4. Bags for waste disposal
5. Toys (if you want toys left with your dog in your or the pet sitters absence, please inform us)
6. Brush and/or Comb
7. Garbage Bags
8. Paper towels and appropriate cleaning products
9. Sweater, Winter Coat, Boots and/or Rain Gear (if necessary)
10. A list of last minute special instructions or contact number changes
11. Your travel itinerary.

Should your pet sitter have to purchase necessary pet supplies, you will be charged for all such sundries.

Veterinarian Authorization

Pet Name(s) _____
Veterinarian Name _____ Clinic Name _____
Veterinarian Address _____
Phone Number _____ Emergency _____

During my various absences, **Providence Pet Services** will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to **Providence Pet Services or a representative of Providence Pet Services** .
Client Initials _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify **Providence Pet Services** before service dates.

Client Name: _____
Address: _____
City/State: ZIP: _____
Home Telephone: _____ Work Telephone: _____
Mobile: _____

To whom it may concern: I have contracted for services from **Providence Pet Services** during my absence and I authorize **Providence Pet Services** to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my
pet(s): _____

Special Instructions: _____

Providence Pet Services reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature _____
Date _____

Contractual Agreement

This signed document is an agreement between **Providence Pet Services** and (Client) _____ for pet care services beginning on _____ and continuing until _____ or an alternative date provided in writing.

1. I authorize **Providence Pet Services** to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.
 2. I authorize **Providence Pet Services** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Providence Pet Services** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
 3. **Providence Pet Services** accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.
 4. I agree to reimburse **Providence Pet Services** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
 5. **Providence Pet Services** agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against **Providence Pet Services**, its employees or assigns, except those arising from proven negligence of the pet sitter.
 6. **Providence Pet Services** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors. (initial here) _____
 7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless **Providence Pet Services** in the event of a claim by any person injured by the pet.
 8. **Providence Pet Services** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time as per the Policies and Procedures.
 9. It is expressly understood that **Providence Pet Services** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Providence Pet Services** of all situations, which will relieve it of liability for damage.
 10. Fees are earned upon acceptance of Agreement and are due at the completion of services.
 11. I attest to the fact that all licenses and vaccinations required by the State of Texas, the City in which I reside and/or Montgomery county are current according to the law. (initial here) _____
 12. I authorize this contract to be valid approval for future services so as to permit **Providence Pet Services** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.
- I have completed and signed required veterinary release forms. _____ (initial here)
I have read and agree to the aforementioned Policies and Procedures, which are a part of this agreement. I am aware that I shall keep a signed copy for my records. _____ (initial here)

Signed _____ Date _____