



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 Pawsitive Purfection, I give permission to Pawsitive Purfection 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 Pawsitive Purfection 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 Pawsitive Purfection 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 Pawsitive Purfection care providers to use their best judgment in handling these situations, and I understand that Pawsitive Purfection 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 Pawsitive Purfection for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Pawsitive Purfection 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 Pawsitive Purfection of any signs of injury or possible illness before any visit as soon as the condition appears. Pawsitive Purfection reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Pawsitive Purfection strives to provide clean, safe service to each of our clients. In doing so, Pawsitive Purfection 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 Pawsitive Purfection cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Pawsitive Purfection 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.

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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 Pawsitive Perfection 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. 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 6-1-2008 (% applies to entire service period total):
  - **0 - 24 hours** prior to any service, and/or Holidays: 50% of service total is due.
- 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.
- Pawsitive Perfection is not responsible for wilted, dead or otherwise unhealthy plants. Pawsitive Perfection 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.
- Pawsitive Perfection 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 Pawsitive Perfection within 14 days.
- Pawsitive Perfection 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. Pawsitive Perfection 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. Pawsitive Perfection 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.
- Pawsitive Perfection 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. Pawsitive Perfection 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 in an undisclosed location. Pawsitive Perfection 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. Pawsitive Perfection 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.
- Pawsitive Perfection 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 Pawsitive Perfection 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 Pawsitive Perfection, 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". Pawsitive Perfection 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 Pawsitive Perfection to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.
- Pawsitive Perfection reserves the right to terminate this contract at any time 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.
- Pawsitive Perfection 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 Pawsitive Perfection, 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 Pawsitive Perfection 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 Pawsitive Perfection 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: \_\_\_\_\_



**Pawsitive Perfection – Pet Information Disclosure**  
**Pet Sitting & Services, LLC**

**PI**

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

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

**Pet's Living Area:**

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

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?

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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:

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Client/Owner Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**First Name:**

**Pet(s):**

**Address:**

**Directions:**

**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: \_\_\_\_\_

**Consultation:**

|  | Date | Time |
|--|------|------|
|  |      |      |

**First Sit:**

Start

|  |  |
|--|--|
|  |  |
|--|--|

End

|  |  |
|--|--|
|  |  |
|--|--|

**Second Sit:**

Start

|  |  |
|--|--|
|  |  |
|--|--|

End

|  |  |
|--|--|
|  |  |
|--|--|

**Scheduling:**

- Tentative  Reserved

**References:**

**Emergency Contacts**

*(Alternate)*

Name:

Phone:

Cell/Work:

Relationship:

Location:

**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:





# Pawsitive Perfection – Service Request

# SR

Pet Sitting & Services, LLC

Pets

|  |                                  |  |
|--|----------------------------------|--|
|  | <b>Client Full Name or ID</b>    |  |
|  | <b>Best Way to Contact Today</b> |  |
|  | <b>Contact At</b>                |  |

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                      |            |        |      |            |            |             |       |
| <b>Grand Total Deposit Due</b> |            |        |      |            |            |             |       |

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 Admin.      |  |
| <input type="checkbox"/> | Poop Scoop       |  |
| <input type="checkbox"/> | Pet Taxi         |  |
| <input type="checkbox"/> | Clean Litter Box |  |
| <input type="checkbox"/> | Take Out Trash   |  |
| <input type="checkbox"/> | Plants           |  |
| <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 must be left for the pet sitter**. By submitting this request, I agree to all terms as stated on [www.pawsitiveperfection.com](http://www.pawsitiveperfection.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_