

Services Agreement

This is a contract for pet sitting services between **The Savvy Sitter, Pet Sitting and Dog Walking, LLC** ("Sitter") and You, the pet owner identified below in the Pet Owner Information Section. This contract has important provisions related to you, your pet, and your property. Please read it carefully.

PET OWNER INFORMATION

Name _____

Email _____

Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

EMERGENCY CONTACT

Name _____

Home Phone _____

Business Phone _____

Cell Phone _____

VET OR PET HOSPITAL

Name _____

Phone _____

Night Phone _____

Please inform your veterinarian that The Savvy Sitter, Pet Sitting and Dog Walking, LLC / Savanna Westwood will be caring for your pet.

ACCESS INFORMATION

Gated Community or Security System Instructions (do not write code)

PETS' NAMES & DESCRIPTIONS

Cat ___ Dog ___ Other _____

Cat ___ Dog ___ Other _____

Cat ___ Dog ___ Other _____

SERVICE NEEDED

___ Dog Walking ___ Pet Sitting

___ Cat or Other Feeding ___ Other

___ Transport (Paid in advance)

___ Grooming Appointment (Paid in Advance)

Rate _____

From (Date): _____ (Time): _____

To (Date): _____ (Time): _____

FEEDING TIME & INSTRUCTIONS

LOCATION OF PET FOOD

PLEASE LIST ANY SPECIAL NEEDS, BEHAVIORAL ISSUES, HEALTH CONCERNS OR DAILY MEDICINES:

ADDITIONAL SERVICES (NO EXTRA CHARGE)

___ Water Plants ___ Alternate Lights

___ Pet Update by Text or Email ___ Clean Litter

___ Bring in Mail, Newspaper, Packages

___ Open/Close Blinds/Curtains

NOTES

PLEASE READ CAREFULLY AND INITIAL

___ I authorize Sitter to have access to my home in order to care for my pet(s).

___ If my pet(s) becomes ill, I understand that Sitter will notify me immediately, but in the case that I can not be reached in a critical emergency, I authorize Sitter to transport my pet(s) to a Veterinarian or Animal Emergency Hospital to receive medical treatment and authorize medical treatment. I agree to pay all expenses incurred for treatment and service. In addition to any third-party expenses incurred at the hospital, vet facility

See Additional Terms and Conditions on Reverse

Services Agreement

or otherwise, Sitter will be compensated for emergency services at an hourly rate of __\$55__/hr. Billing for such services shall begin when the pet is determined to need emergency services and shall be billed in half hour increments. The minimum increment for emergency services requiring transportation is 1.5 hours.

_____ I have read and agree with the terms and conditions of the Emergency Authorization Notice attached hereto and made a part of herein regarding any limitations on emergency services, any non-resuscitation, or the necessity of euthanasia.

_____ I authorize Sitter to transport my pet or pets as necessary to carry out the purposes of this Services Agreement or to protect the health and safety of my pet. I acknowledge that transportation fees for scheduled services must be paid in advance.

_____ I certify that my pet has all immunizations and permits mandated or required by the governmental agencies where my pets are primarily located.

_____ I acknowledge that I must provide a leash and collar for any dog which will be taken out of my home, such leash and collar to be reasonably acceptable to a representative of Sitter. Furthermore, I acknowledge that it is my responsibility to provide suitable transportation carriers for any of my pets when I have selected transportation services.

_____ I hereby hold Sitter, its owners, officers, directors, employees subcontractors and agents (collectively "Sitter Releasees") harmless from and against any and all actions, causes of action, warranties, claims, suits, debts, sums of money, covenants, guarantees, promises, damages, judgments and claims of any kind or nature in connection with or arising out of this Services Agreement and the transactions and services contemplated thereby. I further agree to indemnify Sitter Releasees from and against any and all third party actions, causes of action, warranties, claims, suits, debts, sums of money, covenants, guarantees, promises, damages, judgments and claims of any kind or nature in connection with or arising out of the performance of this Services Agreement, including, without implied limitation, costs and fees associated with emergency medical care for my pets, unpaid grooming or vet care charges ordered by me, or any claims that my pet injured or caused damage to any third party while in the care of Sitter.

_____ This Services Agreement will remain valid for future service, with the exception of any agreed changes in fees, frequency, or total number of visits. This Services Agreement may be terminated by either party on notice to the other party and the payment by the Client of any

outstanding charges. Notwithstanding any such termination, the provisions of this Services Agreement relating to release of liability and indemnification shall survive indefinitely.

Client's Signature

Date: _____

Accepted: The Savvy Sitter, Pet Sitting and Dog Walking, LLC

Savanna Westwood, Managing Member

Cancellation and Early Return Policy

Because we are 100% dedicated to you when you make a reservation and will turn away other reservations, our cancellation policy for our services (with the exception of clients that are serviced on a weekly basis) are as follows:

- More than 2 Weeks' Notice: Full Refund
- 7-14 Days' Notice: 75% Refund
- 3-6 Days' Notice: 50% Refund
- Less Than 3 Days Notices: No Refund

Additional Charges/Services:

\$5.00 - \$10.00 additional for Last Minute Visits (24 Hours Before Service/Day Of)

Delay of Service Fee

Attempts of gaining entrance into the property through a security guard/ guard. If the entrance is denied and advise that we are not on the list.

This fee will apply, and services may not be able to be performed or shortened. If this occurs more than once during time of service, the following charges will occur.

- 1st Deterrent – No Charge
- 2nd Deterrent – \$5.00
- 3rd Deterrent – \$10.00
- 4th Deterrent – \$15.00 or more
- Additional Visit Charge if we must return.

Thank you for letting us serve you and your pets!

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Emergency Authorization Notice

The Sitter and the Pet Owner recognize that there may regrettably be medical or injury conditions that necessitate euthanizing a pet in its own best interest and in the interests of humane treatment.

Sitter will not authorize euthanasia without either (i) consultation with the Pet Owner or Emergency Contact; or (ii) if the Pet Owner or Emergency Contact is unavailable, the advice of the treating veterinarian; or (iii) if the Pet Owner or Emergency Contact is unavailable, veterinarian recommended treatment will exceed \$_____.

“Unavailable” as used herein means that Sitter will attempt to contact Pet Owner and Emergency Contact not less than three times using the contact information contained in this Services Agreement during the one-hour period following discovery of the pet’s distress or injury.

If allowed I will remain with your pet during the euthanasia process.

Additional Contact

If we are unable to reach you or the Emergency Contact listed above, please list any additional contact(s).

Name: _____
Relation: _____
Phone Number(s) _____

Name: _____
Relation: _____
Phone Number(s) _____

Care of Remains

In the event of the death of your pet while under our care, how would you like the remains to be handled?

- Take Paw Print
- Take Lock of Fur
- Individual Cremation
- Group Cremation
- Leave at Veterinarian Office for Pick Up
- Return to Home

Comments/Further instructions:
