All Creatures Pet Services, LLC allcreatures 2010@yahoo.com

web: allcreaturespetservicesllc.com Andrea Patrick 503.537.8747

CLIENT INFORMATION

ivame:						Home Phone:				In	terview Appt.:		
Addres	s:					Cell Phone:_				I =			
						Bus. Phone:				☐ KEY(s) RECEIVED			
Directions:						E-mail:				AND TESTED			
						Referred by:				KEY RETURN:			
Date & hour leaving town:						Where can you be reached?				□ In Person, \$			
Date &	hour retur	ning:					`				Left On Final V	isit	
Date & hour returning: Means of travel: □Car □Plane: Flight/Carrier						Phone: () (We MUST have a telephone number or way to reach you.)				☐ Returned By Mail			
									☐ Other ☐ Garage Door Opener				
□Other						Do you check l messages whil					Garage Boor C	репо	
In case	of emera	ency cont	act·			Phone: (·)			th	ocksmith Clause: In lat pet sitter is require locksmith to gain	ed to employ	
	_	-				there a nearby n		nom we m	nay call	C	lient's premises alfunction of the loc	due to a	
					_					be	the Client to leave a the responsibility	of the Client	
Mana	- 1 -1									Th	reimburse for all co ne Client expressly	gives Pet	
				-	_	ency/organization retu			-		tter the authority to cksmith on Client's		
your pe	t iii tile ev	eni or a ca	ilasilopile oi	untowaru	circumstances pr	eventing your retu				e\	vent of the afor		
											odirenoes.		
					Land						ce:		
					Plun	nber:		=16	ectrician				
ocation	of fuse box	x (and fuse	es)/circuit bre	eaker:			Primary	light swit	ches lo	cated:			
ocation	of thermo	ostat and	thermostat/t	emperatur	e setting for insi	de home:							
s a secu	rity systen	n in place?	? □Yes □No	o Alarm	Company's Name	e/Phone:							
Access C	Code:			_ Alarm I	nstructions:								
Day or Dates	Bring In Mail	News- papers	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Bird Feeder	TV/ Radio	Litter Box	Answer Phone	Recycling/ Garbage Disposal	Pick-up Time	
									1				
									1				
									1				
Addition	al Instructi	ions/Comm	nents:										
											@1994-2010 Pet Sitters	International I	

DATE/AMT. PAID

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)		History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/ Special Treats
Ivaille	(Colol/Breed)	Diffiday	3/11	(i cai	3/1 1100183)	illile33/Ditilig	011 011013	COIOI	Opecial Treats
									S/N* — Spayed or Neu
Day or	No. Visits	Pet's	<i>A</i>	۸.M.	P.M.	Daily	Daily		
Dates	Per Day	Name	e Diet		Diet	Exercise	Medication	ns	Restrictions
et Prefere	nce:						Phone: ()	
e vour vet :	aware that you will be	using our not sit	ina servi	ice2 UN	o will notify \square	Ves have notified			
			_		-		Pet Food/Tr	eats Located	d:
	et have health insura						Leash Loca	 ted:	
	et allow you to brush	_							
	ng preferences:						Cleaning Su	upplies Locat	ted:
	et had obedience trai	-							
f yes, comn	nands recognized: _						Outdoor "Ad	ccident" Clea	nup and Disposal
s the cat de	eclawed? If so, □Fro	nt & Rear □Fron	t Only				Indoor "Acc	ident" Clean	nup and Disposal?
s the pet m	icrochipped? If so, lis	st chip company.	ohone#	and I.D. #	#				
							Disposal of	litter box co	ntents?
How do net	s react to your abser	ice from home?							
ion do pon	o react to your about								
low door v	and read toward								
	our pet react toward								
-	our pet react to othe		_	_					
	are of any reason we bet have any contagion								
	pet have any contagno pet have any physica								
	et ever bitten anyone ng your pet in your								
Vhila wallsi	ng your pet in your	neighborhood, is	there ar	nytning i	should be awa	are or (e.g. uncomm	ed dangerous (logs, neight	ornood issues, e
/hile walki									
	cured in home or yar	d?							

In the event of your pet's death during your absence, what arrangements should be made? _____

PET CARE INFORMATION (continued) Will pet-care responsibility be shared with anyone else during your absence? ☐Yes ☐No If yes, please give name, address, phone number of other person and details of job sharing arrangement. PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet. The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors. TERMS & CONDITIONS The parties herein agree as follows: 1. This contract will take effect upon signature by both Client and Pet Sitter and will remain in effect until terminated by either party as provided below in Item 9. The first scheduled service period is from through Client may make telephone reservations for additional service at any time during the term of this contract, subject to Pet Sitter availability. All scheduled visits will be governed by all the terms of this contract. We appreciate as much advance notice as possible, but will make every effort to accommodate all requests. In the event of early return home, Client must notify Pet Sitter promptly to avoid being charged for unnecessary visit(s). The total number of visits expected during the first scheduled service period is Other assessed fees for the first scheduled service period are \$ TOTAL FEE expected for the first service period . To the extent additional visits are requested or approved by client, or otherwise authorized under this Agreement, such additional visits will be charged at the same per visit rate set out above. Pet Sitter is authorized to perform care and services as outlined on this contract. Both Pet Sitter and Client recognize that the welfare of the animal is the highest priority. If in Pet Sitter's judgment additional services become necessary during the service period to properly care for the animal, Pet Sitter will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Pet Sitter is authorized to undertake such additional steps as may in the reasonable judgment of the Pet Sitter be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Pet Sitter to provide care for the animal; (b) consultation with Client's Veterinarian listed above, or with an emergency veterinary care provider should Client's Veterinarian be unavailable; (c) authorizing care and treatment as recommended by Client's Veterinarian or an _; and (d) such other steps as emergency veterinary care provider (excluding euthanasia) up to a maximum cost of \$_ may in the reasonable judgment of Pet Sitter be necessary or appropriate for the health and welfare of the animal. Client agrees to be responsible for all fees and expenses incurred for care and treatment of the animal pursuant to this paragraph, and releases and holds Pet Sitter harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Pet Sitter/Company for any expense incurred, plus any additional fees for attending to animal's needs or any expenses incurred for any other home/food/supplies needed. In the event of inclement weather or natural disaster, Pet Sitter is entrusted to use best judgment in caring for pet(s) and home. Pet Sitter/Company will be held harmless for consequences related to such decisions. Pet Sitter agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST PET SITTER/COMPANY ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER. EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/COMPANY, SHOULD PET SITTER OR ANY AUTHORIZED PERSON ACCOMPANYING PET SITTER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY PET SITTER/COMPANY AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF PET SITTER/COMPANY. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of _% per month will be added to unpaid balances after _____ days. A handling fee of \$_ will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Pet Sitter. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.

7. In the event of personal emergency or illness of Pet Sitter, Client authorizes Pet Sitter to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Pet Sitter will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.

8. All pets are to be currently vaccinated.

Sitter and Client each may terminate this contract at any time by written notice to the other. Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's pets. Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in his/her sole discretion, that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, with all charges therefrom to be charged to Client. Every attempt will be made to notify Client regarding such situation.

10. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Pet Sitter during any service period scheduled by Client and accepted by Pet Sitter. Upon such scheduling and acceptance, Pet Sitter/Company will be authorized to enter Client premises and perform services without additional signed contracts or written authorization.

I have reviewed this Service Contract in its terms and conditions as set out above.	entirety. The in	formation provided	by me is complete	and accurate a	and I agree to all its
Client Signature	Date	 Pet Sitter \$	Signature		 Date

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Rev. 5/10

PERMISSION TO ADMINISTER MEDICATIONS

(Addendum to Pet Sitting Service Contract)

My sig	nature below authorize	es pet sitter,
	cation and/or prescribed	d treatments to my pet(s)
	f throu	
	that my pet sitter will	re been provided and I have notified my be administering this medication and/or
Client Signature	 Date	_
Veterinarian Signature	Date	_
Rx Notes and Instructions:		