

PET SERVICE CONTRACT

Happy Healthy Dogs
LOS ANGELES, CA 90045
(310) 590-0676
www.happyhealthydogs.net

CLIENT INFORMATION

Name: _____

Phone #: _____

Address: _____

Email: _____

Emergency Contact: _____ Phone #: _____

PET CARE INFORMATION

Pet Name(s): _____ Sex: MALE / FEMALE

Age: _____ Breed: _____ Color: _____

Personality traits of each pet: _____

What is your pet's behavior when you are away from home?

How is your pet around other adults/children?

Has your pet(s) been fixed? YES / NO

Is your pet(s) current on all their shots? YES / NO

If not current, is there a reason for it? _____

Is there any reason someone should approach your pet(s) with caution?

YES / NO If yes, please explain:

Has there ever been an incident of aggressive behavior, biting, or illness?

YES / NO If yes, please explain:

Is your pet(s) on any medications? YES / NO

Medications: _____

Which pet receives them? _____

Medication Instructions: _____

Does your pet have and use an electric fence collar? YES / NO

Is there a secure fence in the yard? YES / NO

Does your pet(s) have access to a pet door? YES / NO

Does your pet(s) have a favorite toy they enjoy playing with? _____

What are the feeding instructions for your pet(s)? _____

Does your pet(s) receive any treats? _____

Allergies or Diet Restrictions? _____

Location of leash, food, treats, medications, waste pickup baggies, litter box supplies?

DOES YOUR DOG ...?

Respond to any voice commands? YES / NO

Chase cars, cats, or other animals? YES / NO

Pull hard on a leash? YES / NO

Ever pull out of the leash? YES / NO

Wear a doggie raincoat in bad weather? YES / NO

How does your dog react to rain, and does this effect their bathroom abilities?

Favorite toys? Games? Words? YES / NO

Allowed to be sprayed with water? YES / NO

Explain: _____

Get special treats or foods while you are away? YES / NO

Food allergies or health issues? YES / NO

Please fill out Medical Form.

Have a micro-chip? YES / NO

ID #, Name of Company, & Phone #

Been vaccinated? YES / NO

Vaccinations: _____

HOME CARE INSTRUCTIONS

Purpose of visit(s): _____

Location of SECURITY SYSTEM: _____

ACCESS CODE: _____

Alarm Company's Name and Phone: _____

ALARM INSTRUCTIONS: _____

Key access information:

In the event that a sitter is required to employ a locksmith to gain entry into a client's premises due to a failure of Client to leave a key or the malfunction of key or lock, it shall be the responsibility of the Client to reimburse Pet Sitter for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on the Client's behalf in the event of the aforementioned occurrences.

Key received and tested: YES / NO Key to be returned to Client: YES / NO

Key to be retained by pet sitter/company for future use: YES / NO

SIGNATURE: _____

Date: _____

**Happy Healthy Dogs will keep a key to Client's premises until we have been notified that Client has returned home. An appointment is made for key return.
We do not MAIL keys or leave in mailboxes!**

Turn on TV/Radio for pet comfort: YES / NO

Bring in mail: YES / NO

Leave on the lights? YES / NO

Bring in newspaper: YES / NO

Alternate curtains: YES / NO

Take garbage to curb: YES / NO Day: _____

Do others have access to the home like a housekeeper, gardener, maintenance? YES / NO

If yes, please indicate their names.

Do you or your pet have any other needs? _____

Is there anything else your Pet Sitter/Dog Walker needs to know? _____

AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS

During my absence, I _____, hereby authorize care giver or company to seek medical treatment for my animal(s). I (client) will remain responsible to pay all medical expenses directly to the provider of medical treatment on the date of which such expenses are incurred.

SIGNATURE: _____ **DATE:** _____

AUTHORIZATION TO GIVE SIMPLE MEDICATIONS TO MY PET(S) ACCORDING TO MY DIRECTIONS IN MY ABSENCE:

SIGNATURE: _____ **DATE:** _____

VET NOTIFICATION

Dear Dr. _____, this is to inform you that

I have contracted the services of HAPPY HEALTHY DOGS:

From _____ to _____, or on going throughout the year.

Should my pet(s) require medical attention while under the care of my designated pet sitter, I authorize you to perform the necessary treatment. I will be responsible for payment of your veterinary service to my pet(s).

Pet Owner's signature: _____ **Date:** _____

Exclusions: _____

Name's of pet(s): _____

CREDIT CARD ON FILE: YES OR NO

If no, please indicate the date you will give your Vet a Credit on File with authorization to be given verbally or in writing by you only. Credit Card authorization must be made prior to service.

TERMS AND CONDITIONS OF PET SERVICE

- 1) HAPPY HEALTHY DOGS and affiliates is authorized to perform pet care and related services as outlined in the contract. The pet sitter and company are duly authorized by client's signatures in this contract to seek emergency veterinary care for their pets with a release form. HAPPY HEALTHY DOGS and pet sitters shall not be held liable for cost related to transportation, treatment or expenses. Should the client's specified veterinarian be unavailable, the company and sitters are authorized to approve medical and / or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse company / pet sitters for all expenses incurred for medical, travel expenses, food or cleaning supplies needed for the pet welfare.

- 2) In the event of inclement weather, natural disaster or state of emergency, the pet sitter is entrusted to use his or her best judgment in caring for the client's animals and home. The pet sitter and company shall not be held liable for consequences related to any of his or her decisions. However, the sitter and/or company shall make every effort to provide the best possible care.
If a neighbor or friend has been provided as a back up contact, the company shall make every effort to contact said persons to check on the client's animals.

- 3) In the event of a personal emergency or serious illness involving the designated pet sitter or company, the client authorizes the pet sitting company to contact and arrange for another person to stand in for the sitter and fulfill the designated tasks as set forth in the service agreement. Every attempt shall be made to inform the client. All guidelines shall apply to stand in sitter and sitter cannot be held responsible for problems or expenses related to the care of client's animals.

- 4) The pet sitter and company agree to provide the best possible services, as stated and agreed upon in the contract. We as a company will do our very best to provide a caring spirit in a trustworthy manner. In consideration for services rendered and as an express condition thereof, the client expressly waives and relinquishes any and all claims against said sitter or company except those arising out of negligence or willful misconduct on the part of the pet sitter or company.

- 5) The client has been made aware of and fully understands that prompt payment for contracted services is required ON OR BEFORE FIRST DAY OF SERVICE.
We accept CASH, CHECK, CREDIT CARD, OR PAYPAL..

**An additional invoice will be provided if there are any out of pocket costs directly related to the pet's needs. Payment is due immediately upon client's return. Unpaid balances incur a 10% finance charge after 30 days.

HAPPY HEALTHY DOGS will always use their best efforts to prevent any harm to your pet, and to protect others from harm caused by your pet. We are Insured in case your pet is involved in an altercation with another pet or human. In the event that harm has come to your animal caused by pet sitter or company, we are Insured by a third party. If your animal destroys something of personal property of yours or ours while in the care of HAPPY HEALTHY DOGS or pet sitter, most often your Homeowners or Renters insurance may cover some of these incidents. Regardless of whether you have such insurance, you are responsible for any damages caused by your pet. Please help us to minimize any problems by completely disclosing all truthful information including about any issues you may have had (past or present) with your animal and it's behavior with humans and other animals. By completing this contract you irrevocably agree to hold harmless HAPPY HEALTHY DOGS, it's owners and employees, beyond our insurance coverage limits. You will be provided a copy of our Insurance certificate upon contracting service with Happy Healthy Dogs.

- 6) **I, the client(s) have received and reviewed the service contract provided by HAPPY HEALTHY DOGS and understand the contents and conditions therein.**
I accept all conditions as stated pursuant to this contract agreement between Parties.

PET OWNER'S SIGNATURE

DATE

HAPPY HEALTHY DOGS

DATE

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