

Wet Nose Pet Care
San Francisco, CA
matt@wetnosepetcare.com
415-746-9672

PET NAME: _____ Breed: _____ Age: _____

Owner's name: _____

Address: _____

Cross Streets and/or Directions: _____

Home Phone #: _____ Work # _____

Cell # _____ Other: _____

Email address _____

EMERGENCY CONTACT: _____ Phone: _____

Veterinarian name & location: _____

_____ Phone: _____

Will anyone else have access to the home? _____

If vacationing, location and phone: _____

Is pet friendly to other animals? _____ other people? _____ cats? _____

Okay to go to Dog Park? _____ off the leash? _____ Initials: _____

Day(s)/Time(s)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9a-12p							
12p-3p							
3p-6p							
Other							

Other information or special instructions (favorite games/medical problems, etc.):

Food located: _____ Treats located: _____

Leash located: _____ Allowed to have other treats? _____

Baggies located: _____ Medication located: _____

Other needs:

P/U Mail: _____ The mailbox is located: _____

Does it need a key? _____ Where is the key? _____

Water plants? _____ which ones? _____

_____ how often? _____

Specific instructions about lights/blinds/temperature: _____

Key received and tested: _____ Alarm code: _____

Alarm instructions: _____

How did you find me: _____

Terms:

- If overnight sitting the term shall be _____ through _____. In the event of an early return, you must notify me immediately.
- Payment is required up front and must include any additional fees such as cost of supplies, transportation, etc. Paypal is the preferred form of payment.
- You authorize me to perform care and services as outlined in this agreement. You also authorize me to seek any medical care if deemed necessary with release from all liabilities related to transportation, treatment and expense. You authorize me to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian in the event of an emergency. Client agrees to reimburse sitter for any expenses incurred attending to this need.
- In the event of inclement weather, acts of terror or natural disaster, you trust me to use my best judgment in caring for pet(s) and home. I will be held harmless for any consequences related to such decisions.
- You are responsible for any costs/payments incurred by the sitter due to bites, exposure of ailments and/or diseases by the owner's pet(s) in which they were not properly vaccinated.
- You agree to not hold me responsible to any injury caused to pet, sitter or general public due to the pet being off-leash at owners permission in the agreed upon areas during the agreed upon times. i.e.: Dog Park
- There will be a **\$35 service charge** for each returned check.
- You have reviewed this service agreement for accuracy and understand the contents of this form.

Date

Owner Signature