

C&M Pet Care Professionals

- Service Agreement -

Date _____

Name(s) _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

E-mail _____

Emergency Contact _____

Pet Info:

Pet Name	Species	Age	Species	Color	Special Needs (medication, allergies, etc.)
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Pet Sitting services required: Full Care Pet sitting (during trips) Play & Potty breaks (during work-days) Feed & Scoop (cats)

- Responsibilities Outline -

Please list details for walking, feeding, medicating and care for each visit:

Date and time you are leaving _____

Pet sitting:

Date and time you are returning _____

Beginning date and time _____

(Regular work schedule for daytime potty break visits)

Ending date and time _____

Number of visits per day and approximate time frame.

***Arrival times cannot be guaranteed**

Location of pet(s) food/treats? _____

Location of leashes(s)/bags? _____

Location of litterbox(es)/ litter? _____

How do you dispose of waste? _____

Location of garbage/recycles? _____

Location of Cleaning supplies? _____

Other services included with our fees

Bring in mail and or newspapers

Take garbage/recycles to curb _____

Water plants. _____

Alter lights _____

Text updates and pictures _____

Additional Services (Price is per pet and/or service date):

Nail trim \$15.00 _____

Ear cleaning \$15.00 _____

Whole yard Pooper scooping \$10.00 _____

Empty litter box, scrub and replace litter \$10.00 _____

Keys: Please hang onto keys for future use. (Keys are never marked with personal information)

Please make arrangements to return my key after my trip. I understand that there is a fee of \$5.00 for this service.

Other _____ (Keys cannot be left locked inside of your home)

Persons with access to your home while you are away _____

*If you are going to have a friend, neighbor or family member also care for your pet(s), please try to arrange for them to be present for the initial meeting/consult. That way we can meet each other, and make sure we understand our individual responsibilities.

Veterinarian's name and phone number _____

Address and phone number of where you will be while you are away _____

NAME _____

Payment received _____

DATE _____

- Service Contract -

Payment of Cash or Check is due at start of services unless otherwise noted

(\$25 fee for all returned checks)

Please make checks payable to C & M Pet Care

- C and M Pet Care Professionals LLC , hereafter referred to as C&M, agree to provide services for _____, hereafter referred to as client, on the following schedule; _____
The costs for each visit will be _____ The total due for services will be _____
There is an additional fee of \$10.00 per visit on the following days; New Year’s Eve and day, Easter, Memorial Day weekend, Independence Day, Labor Day weekend, Thanksgiving, and Christmas Eve and Day.
- Payment is due; _____ at start of services _____ first visit after invoice _____ with each visit.
- Client understands that situations such as additional visits, emergency care, excessive clean ups or other unforeseen circumstances not outlined herein may cause additional fees to accumulate during visits, and accepts responsibility for these fees. Additional fees will be due within 10 business days of invoice. Failure to pay upon agreed schedule will result in a \$50.00 collection fee, and an interest rate of 3% per month beginning on start date of services.
- Services will be provided in accordance with the instructions contained herein. Client authorizes this signed contract to be valid approval for all future services of any purpose outlined herein, permitting C&M to accept telephone, text or email reservations for services and authorizes C&M to enter the premises without additional signed contracts. Client also understands that future visits scheduled are not guaranteed unless confirmation is given either verbally, through text or through email.
- The client understands that visits may be performed by either Christopher or Melissa Kovach. The client understands that neither arrival times nor the amount of time which visits will last can be guaranteed.
- The client waives any liability for claims against C&M unless C&M is grossly negligent directly resulting in harm to pet(s) or damage to property.
- Client waives any liability for claims against C&M due to harm or loss of pets or property due to loss of keys or entry to home from keys left in mailboxes, under mats or otherwise hidden in areas accessible to the public, as well as doors left unlocked. Client also waive any liability for claims against C&M for pets left outdoors or with unsupervised access to outdoors or to damage to pet(s), home or property when C&M is not present.
- In the event you cannot be reached to arrange alternative care, C&M is authorized to act as client’s agent in the event of their pet(s) requiring emergency medical treatment. Any and all costs deemed necessary will be the responsibility of the client.
- In the event of inclement weather or natural disaster C&M will use their best judgment in caring for clients pet(s) and home but cannot be held responsible for any damage to home or injury to pet(s) from such.

Photography Release

C&M would like permission to photographs and/or video your pet(s) while they are in our care. These likenesses may be used in print, online and in video based marketing as well as other C & M publications. They may contain personal information about your pet(s).

initials Yes, I authorize C&M to take photographs/video of my pet(s). I understand that I will not receive financial compensation of any type associated with the taking or publication of these photographs or their publication. I understand and agree that publication of said photographs confers no rights of ownership or royalties. I hereby release C&M and any third parties involved in the creation or publication of marketing materials, from liability for claims by me or any third party in connection with my participation.

I would prefer photographs/video not be taken of my pet.

Pet Sitter Signature

Client Signature

Date