

Run it Out

Pet care services

Pet Sitting Contract

Please PRINT clearly in blue or black ink

Fill in all applicable fields to the best of your knowledge

Your Name _____ Phone Cell (Self) _____
Partner/Spouse Name _____ Phone Work (Self) _____
Phone Work(Partner/Spouse) _____ Phone Cell(Partner/Spouse) _____

Address _____
(City) _____ (State) _____ (Zip code) _____

Email Address: _____

How did you find us? (Website, friend, ad) _____

Emergency Contact(s)

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency.

Name: _____ Relation: _____ Phone: _____ Key Y / N

Should we be expecting anyone in your home during your absence? Y / N

If yes, Who? _____

After your first service is over do you want us to keep a copy of your keys on file for future use? Y / N

(Leaving a copy on file is recommended as you can order service anytime. If you have any concerns or questions we can discuss it during our meeting.)

Only if you want your keys returned after service ends, please circle your preferred method: Yes/No

Where should we leave them? _____

Circle Door of Entry: Front Door Side Door Back Door Garage Door

To be locked: Deadbolt Door Handle Both

Home Security

Will Alarm be set? Y / N

Alarm System Panel(s) Location _____

Alarm Company _____ Phone Number: _____

* Do not write the alarm code on this contract. We will discuss alarm use at the pre-service meeting.

Alter Lights/Blinds? Y / N _____

Turn on TV/Radio? Y / N _____

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Run It Out Pet Profile

If you need more Pet Profile pages print just page 2 of this document

Pets Name: _____ Dog / Cat / Other: _____

Age/Birthday: _____

Male / Female Spayed/Neutered: Y / N Breed: _____

Color(s): _____

Distinguishing Features: _____ Collar Color: _____ Tags: Y / N

Micro chipped: Y / N Fully Vaccinated? Y/N

Vaccine Names and Expiration dates:

1. _____ - ____/____/____
2. _____ - ____/____/____
3. _____ - ____/____/____

Feeding Instructions (amount, times of day, etc.)

Medication(s) (Name, Dosage, Frequency)

What brand(s) and or types of food do you feed:

Food Allergies / Restricted foods:

Major Medical Conditions (Past or Present):

Has your pet ever been aggressive to anyone in the past?

Walking Instructions (if applicable):

Will your pet be crated at any point during our service?

Special handling (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.)

Other Notes:

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Run it Out Pet Profile

I do hereby waive and release Run it Out Pet Sitting from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part Run it Out Pet Sitting. Run it Out Pet Sitting agrees to provide all services in a kind, reliable, and trustworthy manner. In the case of an emergency, inclement weather, or a natural disaster I authorize Run it Out Pet Sitting to use their reasonable judgment for the care and well being of my pet(s) and/or house. I understand that Run it Out Pet Sitting can terminate this contract if my pet becomes a threat to the safety or health Run it Out Pet Sitting due to aggressive behavior. I entrust Run it Out Pet Sitting to contact me in any and all cases if this threat should arise. In the case that Run it Out Pet Sitting cannot reach me, I authorize Run it Out Pet Sitting to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. Run it Out Pet Sitting reserves the right to refuse service to any client, at any time, for any reason. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above I will inform Run it Out Pet Sitting before the next service is scheduled to begin.

This signed document gives Run it Out Pet Sitting (and their representatives) authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit Run it Out Pet Sitting to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations. I understand that payment is due at the time of service. Further action may be taken in an attempt to collect payment or future services may be refused if payment has not been received.

 _____ Date: ____/____/____

 _____

Signed Name Printed Name

Run it Out can use my pets photo for marketing or social media purposes

I would like a copy of this contract for my records.

Run it Out will obtain and review this original at the pre-service visit.

*Do not write below this line office use only

Run it Out Signature  _____  _____

Date received Run it Out Pet Sitting: ____/____/____