

Dakota's Pet Services
164 Sinclair Ave
Cranston R.I. 02910
862-6097 www.mydps.me
[E-mail..debbie@mydps.me](mailto:debbie@mydps.me)

Pet Owner: Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ Zip Code _____ E-mail _____

Emergency Contact: Name _____ Home Phone _____
Relation to you _____

Vet Info: Name _____ Phone _____
Address _____ Hospital/Clinic Name _____

Pet(s) info:

Name _____ Breed _____) **2nd pet info below**

Male or Female _____ Spayed or Neutered _____ Color _____
Birthday _____ Weight _____ Medications yes or no _____
If yes, Please fill out page 5.
Feeding Instructions _____

If your vet is not available, will you allow Dakota's Pet Services to go to their vet? Yes or No. Payment will be expected by credit card once the owner is notified of vet charge.

Proof of Rabies/Distemper and Kennel Cough shots need to be given to Dakota's Pet Services upon the initial visits. Also for the meet and greets (for In-Home Care at my home.) They all need to be up to date.

Additional duties are bring in the mail/paper, water plants, put out trash, etc. Any other duties, please specify _____

All In-Home Care clients need to bring their own food, toys, treats and medications.

2nd pet info _____

How do pet(s) react to your absence from home? And with people____

How does your pet react to other pets; (ex: any in-house growling or fighting)?

Are you aware of any reason we should approach any of your pets with caution like aggression issues or bit anyone or another dog?

Does your pet have any physical conditions or problems I need to be alert to?

Is your pet afraid of noises, thunder or fireworks?

While walking your pet in your neighborhood, is there anything I should be aware of (ex: unconfined dangerous dogs, neighborhood issues, etc.)?

Can your dog(s) be walked with other dogs? Yes or No

Where you can be reached _____ Phone _____

Keys: I would like my key(s), hidden outside my home (I recommend this in order to be able to get back in your home if you are delayed), dropped key(s) back to you (\$10.00 charge), or allow Dakota's Pet Services to keep my key(s) for future services. _____

If I need to get in by garage door or any other way, please specify _____
Alarm yes or no If yes: code number _____

Payment will be half down at initial visit or meet and greet. The balance due on last day of service. An invoice will be left for you or e-mailed. Cash and checks accepted only.

Please note: If anyone else has access to your home while Dakota's Pet Services is performing a service, I 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:

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. 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 fee per visit will be charged at that time. The total number of visits expected during the first scheduled service period is _____. 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. 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 emergency and (d) such other steps as 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. 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 SITTING/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 SITTING/COMPANY. SHOULD PET SITTING OR ANY AUTHORIZED PERSON ACCOMPANYING PET SITTING 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 25% per month will be added to unpaid balances after 30 days. A handling fee of \$25.00 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.

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. All pets are to be currently vaccinated.

Pet 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.

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 entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature _____

_____ Date _____

Owner and Operator Signature _____ Date _____

My signature below authorizes Dakota's Pet Services,

_____, to administer medication
and/or prescribed treatments to my pet(s)

for the period of _____ through _____.

Rx Notes and Instructions:

Sign below to give permission to have a picture of your pet(s) put
in our photo gallery on our web site. Yes or No

