

PET SITTERS AGREEMENT

PURPOSE: To provide information to enable a person selected by a pet owner, to adequately provide a safe environment, a normal routine, and medical care (if needed) and a way to contact the pet's owner.

PET OWNER: Name _____
Home Address _____
Home Phone _____

AWAY: Date Leaving _____
Date Returning _____
Contact Info Cell Phone # _____
Contact Info Email _____
Location During Absence _____

PET'S NAME _____
Species/Breed _____
Description _____
Micro Chip# _____

FEEDING SCHEDULE: Number of Feedings/Owner Provides Food _____
Time of Day _____
Amount _____

MEDICATIONS GIVEN: Names _____
Amount Given _____
When Given _____

ROUTINES: Walks _____
Crate _____
Bed _____
Go Outside _____

FEARS: Thunder/Lightening ___ Fireworks ___ Loud Noises ___

PET'S NAME _____
Species/Breed _____
Description _____
Micro Chip# _____
FEEDING SCHEDULE: Number of Feedings/Owner Provides Food _____
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FEARS: Thunder/Lightening ___ Fireworks ___ Loud Noises ___

PERMISSION FOR MEDICAL CARE/EMERGENCY/LIFE-ENDING DECISIONS

Sitter can decide Yes___ No___

Only with owners permission Yes___ No___

Known health conditions _____

Payment For Services (see page 4, #2)

Owner (s) _____

Sitter _____

Regular Veterinarian

Clinic _____

Vet _____

Address _____

Phone _____

Pet's Account # _____

Sitter agrees to keep a leash on the pet at **all** times when outside a secured, fenced area.

Sitter _____

Pet must never be allowed to stay outside while sitter is not at home, even if other family members are present.

Sitter _____

Sitter has permission to use the nearest veterinary hospital or Emergency Care Facility in any emergency. Payment is authorized by means stated above.

Pet Owner _____

Agreement Date _____ Expires _____

Pet Owner _____

Pet Sitter _____

COMMENTS FROM SITTER:

PETSITTERS AGREEMENT—ADDITIONAL CONSIDERATIONS

There are many unexpected events that may be encountered while acting as a sitter/caretaker of someone else's pet (s). The following address the serious illness, death or possible need for euthanasia of a pet in your care.

1. Do you have an agreement about what Veterinarian (s) will be used?
Pet's regular Vet _____
Sitters regular Vet _____
Emergency Vet _____
2. Have you agreed upon a method of payment for each Veterinarian? _____
Pet Insurance _____
Credit Card _____ Other _____
3. Does the owner have an upper limit to the dollar amount they are willing to spend before considering Euthanasia? _____
4. Have the regular Vets been advised, if necessary, and agreed to the care and/or method of payment. _____
5. Does the Vet (s) need to have a Letter of Authorization from the pet owner/guardian as to care and payment for the pet's treatment? _____
6. Owner/guardian will accept the decision of a Veterinarian and Pet Sitter, in the case of whether to treat or euthanize, whichever is in the best interest of the dog.
Regular Vet ____ Emergency Vet ____ Sitter's Vet ____ Check one or all.
7. In case of the death of a pet, the following should be decided in advance of taking responsibility of pet sitting:
Hold body until return of owner/guardian _____
Regular cremation _____
Private/Individual cremation with return of ashes _____
Paw Print _____
Urn _____
Return of collar and tags _____
Lock of hair _____
8. Are there any notifications to be made?
Owner/Guardian _____
Family members of the owner _____
The pet's regular Vet, if care/treatment is provided elsewhere _____