



Coastal Pet Sitters

Enjoy your time away, while we stay home and play!

760-473-7176

info@coastalpetsitters.com

CLIENT INFO

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____)_____ Work Phone:(____)_____ Spouse Cell:(____)_____

Email: _____ Cell:(____)_____

How Many Pets? _____ #Dogs: _____ #Cats: _____ #Small Pets: _____

How Did You Hear About Us? ☐ Current Client ☐ Family/Friend (whom may we thank? _____) ☐ Website ☐ Pet Store ☐ Veterinarian ☐ Yelp

HOME INFO

Mail Pick Up: ☐ Yes Mail box # _____ ☐ No

Trash to Curb: ☐ Yes What Day? _____ ☐ No

House Key(s): ☐ Keep copy ☐ P/U & Return (\$5/ea) ☐ Other Location (describe): _____

Anyone Else Who Has Access/Keys To Your Home (Name & Phone #) : _____

Gate Code: ☐ Yes Code#: _____ ☐ None

Alarm Code: ☐ Yes Code#: _____ ☐ None Password: _____

Instructions: _____

Other Desired Home/Security Tasks: (Check all that apply.)

☐ Indoor plants ☐ Outdoor plants ☐ Indoor Lights ☐ Outdoor Lights

☐ Newspaper ☐ Rotate blinds ☐ Other: _____

OWNER VEHICLES: (Please list any vehicles that will be parked in the driveway while away.)

Make/Model: _____ Color: _____ Plate # _____
Make/Model: _____ Color: _____ Plate # _____

SUPPLY LOCATIONS:

(Please tell us where the following items are usually stored for easy locating and use if needed.)

Pet Food:

Pet Medications:

First Aid

Products: _____

Cleaning Products:

Pet Mess Products:

Broom & Dustpan:

Vacuum:

Outdoor Trash Cans:

Trash Bags:

Mail Key/Key Hook:

Telephones:

Alarm Box/Keypad:

For Dogs Only

Leashes/Harness:

Pooper Scooper:

Poop Bags (for
walks): _____

For Cats Only

Litter Box(es):

Extra Litter:

Pooper Scooper & Bags:

SIGNATURE: _____ **DATE:** _____

YOUR PET(S) PROFILE – Please fill out page per pet

Name: _____ ☐ Dog ☐ Cat ☐ Other: _____
Breed: _____ Sex: ☐ Male ☐ Female Fixed: Y/N
Color: _____ D.O.B.: _____
Tag/Collar ID/Chip#: _____ Weight: _____
Medical Conditions: ☐ No ☐ Yes: _____
Medications:
1) _____ Dosage: _____
2) _____ Dosage: _____
3) _____ Dosage: _____
Other Info: _____

PET PERSONALITY QUESTIONNAIRE

- 1) Have I ever bitten a person or another animal?
☐ No ☐ Yes (If yes, please explain.) _____
- 2) Current on Rabies vaccination? ☐ No ☐ Yes: (Date given) _____
- 3) How would you describe my personality? (Check all that apply.)
☐ Friendly ☐ Playful ☐ Aloof ☐ Aggressive ☐ Curious ☐ Nervous ☐ Shy
☐ Trusting ☐ Excitable ☐ Fear Biter ☐ Other: _____
- 4) Favorite toys/activities: _____
- 5) Favorite sleeping/hiding places: _____
- 6) I don't like: _____
- 7) Play & Exercise: ☐ Indoor Only ☐ Indoor/Outdoor ☐ Outdoor Only
☐ Outdoor only with leash/supervision. ☐ Walks OK
- 8) Off Limit Areas: _____
- 9) Food (Brand): _____ ☐ Canned ☐ Kibble
Usual Feeding Time(s): 1st _____ a.m./p.m. 2nd _____ a.m./p.m.
Feeding Instructions: _____
- 10) Usual time(s) my owners are home with me: Monday-Friday: _____ Weekends: _____
- 11) My overall health would be described as: ☐ Healthy ☐ Mediocre ☐ Poor
Health condition(s): _____
- 12) My Vocabulary: (I.E. Dogs –Sit, Stay, Come, Down, Off, etc.)
(I.E. Cats –Clap Hands for “No”)

Other Things My Pet Sitter Should Know About Me:

VETERINARY RELEASE

In the unlikely event that my pet(s) should become ill or injured while in the care of Coastal Pet Sitters, I request that veterinary service be rendered by:

Animal Hospital: _____ Preferred Doctor: _____

Address: _____

Phone #: _____ Fax #: _____

If my pet should become sick or injured after hours, my vet cannot be reached, or it is a life threatening emergency, I understand that, in the best interest of my pet, services will be sought at the nearest emergency animal clinic. Efforts will be made to contact the client prior to seeking medical services whenever possible.

I give permission to Coastal Pet Sitters to approve treatment up to \$ _____. I also give permission for Coastal Pet Sitters to provide my credit card information to the animal clinic for payment up to the above stated amount. I certify that the credit card information provided is valid and correct. Should there be any problem billing the provided credit information, I certify that I will assume full responsibility for payment/reimbursement for veterinary services rendered upon my return either to the animal hospital or any out of pocket expenses to the pet sitter.

Coastal Pet Sitters does NOT assume responsibility for the actions or decisions of the veterinary staff. Furthermore, Coastal Pet Sitters will not assume responsibility for illness/injury of my pet unless it is due to negligence on the part of Coastal Pet Sitters and its staff. Coastal Pet Sitters will do everything possible to prevent injury/illnesses, however, I understand that accidents happen and that illnesses can occur no matter how well my animal is cared for.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorizations each time Coastal Pet Sitters cares for my pet(s). This agreement applies to all Coastal Pet Sitters affiliated pet sitters and assistants, if used.

Client Signature: _____ **Date:** _____

Client Name (print): _____ **Expiration Date:** _____

Credit Card #: _____ **Type:** V MC AMEX D

Credit Card On File With Hospital: _____

EMERGENCIES

Nearest After Hours Hospital: _____

Address: _____

Phone #: (_____) _____ ☐ **OK TO TREAT**

Disclaimer: *In the event of an emergency, Coastal Pet Sitters will give preference to your primary veterinary hospitals for medical care. However, we reserve the right to utilize the services of any available veterinary clinic or emergency animal hospital or clinic in expediting medical attention. Client is fully responsible for any and all vet costs incurred. Pet sitter will also be fully reimbursed for any out-of-pocket expenses for veterinary care provided upon owner's return.*

SIGNATURE: _____ **DATE:** _____

POLICIES & PROCEDURES

Interview & Consultation:

Prior to booking service from Coastal Pet Sitters, our representative will arrange a convenient time to meet with owner and pet(s). This allows everyone to become acquainted and for us to meet your pet(s), assess your pet(s) temperaments, and answer any questions or address any concerns you may have. At that time we will go over the Policies and Procedures, contracts, instructions, complete forms, and acquire keys. If dog walking will be performed during pet sitting, it is highly recommended that you allow the representative a brief opportunity to walk your dog outside of your residence at that time. Coastal Pet Sitters will perform the first consultation at no charge. Any additional consultations will have a \$20 fee.

Reservations:

We ask that you give a minimum of one week notice for services requested. This way, your pet(s) will not be left without a sitter at the last minute. Availability is on a first come, first served basis. The more notice we have, the better chance you have for booking your desired dates. A “short notice” fee of \$5 will be assessed for less than 48 hours and \$10 for less than 24 hours notice.

Pet Sitting:

Pet sitting visits are performed typically between the hours of 7:00am and 8:00pm. Each visit is approximately 30 minutes in length. Overnight visits begin at 7:30pm until 7:30am the following morning. Quick Stops are 10-15 minutes. Every effort will be made to arrive at your residence at the desired time, however, we cannot guarantee exact visit times. We allow a 90 minute window in the event there is an emergency or delay. As a general rule, no pet will go for a duration longer than 24 hours for single daily visits, 12 hours for two daily visits, and 8 hours (during the day) for 3 daily visits granted the pet sitter is not delayed by any means. Pets on medication will be given priority in visit time scheduling. For safety reasons, we cannot provide services for aggressive pets.

Payment for Services:

Payment for services is expected on or before the first day of the service start date. Rates for services are non-negotiable. We accept cash or checks. Coastal Pet Sitters reserves the right to refuse service for non-payment, or if a check is returned. Client agrees to pay a \$20 fee for each check returned by the client's bank, regardless of the reason. Tips are welcome if you feel a pet sitter has done an exceptional job, but are not required or expected by any means.

Collars, Leashes, & Pet Identification:

Coastal Pet Sitters' representatives will be happy to use your leash when walking your dog(s). If you forget to leave one for us, we will have one available for use. Leashes and collars provided must be in good working condition, not frayed or damaged, and the proper size for the pet. While in our care, we require all dogs to be wearing collars and/or tags, or other outside form of identification throughout the duration of our services. If your pet does not normally wear this type of identification, Coastal Pet Sitters may place a collar and/or tag on your pet which states your pet is being cared for by us and includes our contact information. We feel pet identification is very important in the event your pet(s) should get loose while you are unavailable to be reached.

Holidays:

There will be a \$10 fee for one to two visits, and \$15 for three visits in addition to the normal daily rates for pet sitting charged for services on the following holiday/holiday weekends: Easter, Memorial Day, Fourth of July, Labor Day, Halloween, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day. Holidays are subject to Coastal Pet Sitters availability.

Keys/Access Codes/Mean of Entry:

At the time of contract signing, you will need to provide Coastal Pet Sitters with your preference to gain access to your home. If access is via a garage door or alarm system, an access code with specific instructions will need to be provided on the "Client Profile" form. If access is via a key, you will need to supply Coastal Pet Sitters with a working copy of the key. We recommend you test all keys prior to providing them to us.

Access to the Home:

We understand that you may have relatives, neighbors, cleaning or repair services that could have access to your home while you are away. Coastal Pet Sitters is not responsible for any damages incurred to your home or pet by said persons or businesses. Please notify us if there will be anyone else having access to your home while our services are being rendered. We also reserve the right to decline services if you have made arrangements for someone else to care for your pet(s) while we are doing the same.

Unsecured Pets:

Coastal Pet Sitters will not be held liable for free-roaming outdoor pets or pets left in backyards in the event of illness, injury, loss, escape, or death. It is highly advisable that all pets wear appropriate ID and that they remain inside your home or confined for their own safety and well-being in your absence.

Pet Sitter Vehicles/Pet Sitter Status:

For your protection, the vehicles used when coming to your residence are not marked in any way. We take this precaution to make sure your absence from your home is not detected. Furthermore, we generally do not disclose to outsiders (neighbors, delivery persons, etc.) that we are pet sitters in another effort to protect your home, unless it is a person of law enforcement or related. While visiting your pets, we will also not allow entry to any persons not listed on the service forms.

Assistants:

In order to accommodate all clients as needed, Coastal Pet Sitters utilizes the services of assistant pet sitters. These assistants have been personally trained by Coastal Pet Sitters and generally follow all policies, procedures, pricing and ethics of all areas of Coastal Pet Sitters. All assistants are bonded under Coastal Pet Sitters' theft protection policy (Essex Insurance Company), covered under Coastal Pet Sitters' liability insurance, thoroughly interviewed, background checked and references checked. Client understands that all assistants are independent contractors and are not employees of Coastal Pet Sitters. If there is an emergency,

illness, or any other reason your regular pet sitter is not able to make a scheduled visit, an assistant pet sitter may be sent in his/her absence.

Aggressive Pets

If a pet becomes aggressive towards the pet sitter during the course of an assignment, Coastal Pet Sitters reserves the right to find an alternative pet care arrangement via a boarding kennel or veterinary hospital which has the means to care for such pet until you return. You are responsible for any costs resulting in you pet requiring boarding and must make payment arrangements directly with the facility. You will be refunded the amount for the remaining days of scheduled pet sitting, minus a 25% inconvenience fee.

Regular/Weekly Pet Sitting:

Coastal Pet Sitters services mainly consists of vacation or owner-away pet sitting with definite start and end dates, however, we are also available for regular pet sitting during the week, and daily dog walking. This service is available upon request and subject to Coastal Pet Sitters availability.

Dog Parks & Other Field Trips:

With your prior approval and request for such service, Coastal Pet Sitters can take your dog on field trips out of the home to dog parks, pet stores, and other dog friendly areas. If you elect such services, you release Coastal Pet Sitters from all liability in the event your pet becomes lost, escapes, injured, or inflicts injury on another person, property, or pet. Pets without vaccination records and current dog license cannot be taken out of the home for such field trips.

Daily Pet Logs

Coast Pet Sitters offers e-mails or short texts daily of your pet(s) activities while you are away and is included as part of our services. Within these messages, you will have access to information regarding feeding and watering, home tasks, your pet's activity level, as well as what your pet did that day with us.

Photos/Video

I give Coastal Pet Sitters, its representatives and employees the right to take photographs and/or video of my pet(s). I authorize them and transferees to copyright, use and publish these photos and/or video in print and/or electronically for purposes such as publicity, illustration, advertising, and web content.

Overdue Invoices

If for any reason payment has not been made prior to the start of services, a service charge of a minimum of \$10.00 will be assessed for each month the balance remains unpaid. After 90 days, the account is subject to be sent to a collection agency. Client is fully responsible for all past due charges and/or collection agency fees resulting from late payments.

By signing below, you certify that you have read, understand, and agree to the above Policies & Procedures:

Client Signature

Date

Coastal Pet Sitters
Michelle Stuman
(760) 473-7176

Date

PET SITTING/ DOG WALKING CONTRACT **COASTAL PET SITTERS SERVICE AGREEMENT**

This is a service agreement between Coastal Pet Sitters ("CPS") and the below named client (hereinafter referred to as "Client") for services rendered as specified above. Services begin on _____ and thereafter on an as-needed basis.

- 1) Client authorizes CPS to perform pet care services as outlined in the Client Profile, Pet Profile, Veterinarian Release, This Sitting Forms, and Policies & Procedures, which shall become part of the contract.
- 2) CPS agrees to provide the services stated in this agreement in a timely, reliable, caring and trustworthy manner. In consideration of these services, and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against CPS, provided reasonable care and precautions are followed. Client hereby releases CPS of any liability of any kind arising from pet(s). Client agrees to notify CPS with any complaints within 24 hours of end of services.
- 3) Client authorizes CPS to obtain emergency veterinary care that may be necessary during time spent with the Client's pet(s). Client accepts responsibility for any charges related to this emergency care. CPS shall use the veterinarian indicated in the Veterinarian Release profile for this service. Should the Client's veterinarian be unavailable, CPS is authorized to seek an alternative veterinarian. Every effort will be made to contact Client prior to obtaining emergency care.
- 4) Client will provide proof that dog(s) & cat(s) is/are current on all legally required vaccinations.
- 5) CPS will not be liable for any injury, disappearance, death or fines of any pet(s) with unsupervised access to the outdoors. Client understands that utilizing CPS's services are voluntary and will not hold CPS responsible for an accident, health problem, escape, and/or death of pet(s) not directly related to a negligent act while in our care.
- 6) Client will be responsible for all medical expenses and damages resulting from an injury to the pet setter(s) or other person(s) by the pet(s). Client agrees to hold harmless CPS in the event of a claim by any person injured by the pet(s). Client also agrees to disclose to CPS any pet(s) history involving injury to any human.

- 7) CPS reserves the right to terminate this contract at any time, at its sole discretion; likewise, Client may terminate this contract with a 30 day written notice.
- 8) It is expressly understood that CPS shall not be held responsible for any damages to Client's property, or that of others, caused by the Client's pet(s) during the period in which they are in its care. Client has advised CPS of all situations, which will relieve it of liability for damage.
- 9) In the event that CPS is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock, key, entry code, or other means of entry, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives CPS the authorization to employ a locksmith on Client's behalf in the event of the aforementioned occurrences. In addition, a fee amount based on the timeliness of the locksmith will be assessed due to the inconvenience incurred to CPS's other clients.
- 10) Client agrees to and understands that payment for services is due on or before the first day of all pet sitting assignments. Client agrees to and understands that there is a cancellation fee equaling the amount of the first day's visits in the event Client does not notify CPS of cancellation within 24 hours of the start date of service. If cancellation is made less than 48 hours, a fee of 25% of the total invoice will be billed.
- 11) Client agrees to notify CPS by telephone, text or email when Client returns home within 24 hours of the last day of service. In the event Client fails to contact CPS, Client agrees to pay for any additional visits made by CPS as a result. If Client cannot return home as expected, Client agrees to notify CPS immediately in order to continue service. Client agrees to pay any additional visit charges within three (3) days of Client's return.
- 12) Client agrees to reimburse CPS for any food, litter, medication, or any other supplies related to the pet(s) care if Client does not leave an adequate supply before departure.
- 13) In the event Client does not return for the pet(s) on the scheduled return date without notification, Client authorizes CPS and will hold harmless the relinquishment of pet(s) to the local humane society, or attempt to find a suitable new home, on the fifth (5th) day following the scheduled return date without notification.
- 14) Client authorizes this contract to be valid approval for future services so as to permit CPS to accept telephone or email reservations and enter Client's premises without additional signed contracts or written authorizations.
- 15) Client has read the terms of this agreement and confirms the accuracy of the information provided. Agreement is indicated by the signature below.

Client Signature

Date

Coastal Pet Sitters
Michelle Stuman
(760) 473-7176

Date

PET SITTING VISIT INFO - please fill out for every trip

CLIENT NAME: _____

PET NAMES: _____

ADDRESS: _____

OWNER DEPARTURE DATE: _____ TIME: _____ AM/PM

RETURN DATE: _____ TIME: _____ AM/PM

SERVICE START DATE: _____ AM/MID/PM

SERVICE END: DATE: _____ AM/MID/PM

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP: _____

DAILY VISTS: ☐ One Visit ☐ Two Visits ☐ Three Visits
 ☐ Every Other Day ☐ Quick Stops ☐ Overnights
 ☐ Other: _____

Notes: _____

House Key(s): ☐ Keep Copy ☐ P/U & Return (\$5.00/each)

☐ Special Location/Lock Box Code: _____

Desired Home/Security Tasks You Would Like Performed: (Check all that apply.)

☐ Indoor Plants ☐ Outdoor Plants ☐ Indoor Lights ☐ Outdoor Lights
☐ P/U Newspaper ☐ P/U Mail ☐ Rotate Blinds

Other Notes: _____

SIGNATURE: _____ **DATE:** _____

Thank you for choosing Coastal Pet Sitters!

#760-473-7176

info@coastalpetsitters.com



Coastal Pet Sitters
Enjoy your time away, while we stay home and play!