Tails, Scales, & Nubs Pet Care Services

 Tails, Scales, & Nubs

 1557 Girard Ave, #9

 Bourbonnais, IL 60914

 815-314-4962 tailsscalesnubs@gmail.com

Until further notice payments are to be made via Cash, PayPal, or Facebook Messenger.

 **Date of signing this Agreement:**

**Client Contact Information:**Name:

 Address:

 Daytime #: Evening Phone:

Cell Phone: Email:

**Home Information:**

Where do we enter your building? Is your door labeled?

If no, which door is it (Ex: up 2 flights of stairs and door on the left):

What parking is available for the pet sitter to use?

Do you have a security alarm? **Yes / No** Alarm Company Name:

Alarm Directions / Code: Password:

Does anyone else have a key to your home? **Yes / No** Name/Phone:

Are you expecting anyone at your home during your absence (Ex. Repair / maintenance personnel)? **Yes / No**

Who: When:

Location of poop bags:

Location of treats:

**In Case of an Emergency:**

Name of Emergency Contact (Must be locally):

Daytime Ph: Evening Ph: Cell:
Location of electrical panel box:

Location of main water cut off:

Location of gas shut off:

Location of your pet carriers: How many?

**No-Fee Additional Services:**

Which of the following of our no-fee services would you like provided to you? Please check all that apply:

Bring in Newspaper/Mail Water Plants

**Services Instructions:**

Would you like to receive text or email pictures & updates?

Email: Phone:

If your pet(s) is a medication, where is the medication kept?

Are there any rooms that are off-limits to pets/people?

Location of cleaning supplies:

Location of garbage can:

**Pet Profile PET #1**

Name: Sex: M / F Color/Description:

Medication/Type (if any): Dosage: How often:

Any Health Issues:

Favorite Hiding Places: Toys:

Quirks or Personality Traits to be Noted for Awareness:

Location of Food/Water Dishes:

Dry Food (brand): Amt: Moist Food: Amt:

**Pet Profile PET #2**

Name: Sex: M / F Color/Description:

Medication/Type (If any): Dosage: How Often:

Any Health Issues:

Favorite Hiding Places: Toys:

Quirks or Personality Traits to be Noted for Awareness:

Location of Food/Water Dishes:

Dry Food (brand): Amt: Moist Food: Amt:

**REQUIRED RELEASES:**

**Veterinarian Release:** Vet Name and Ph:

Dear Veterinarian, In my absence, “Tails, Scales, & Nubs”, aka Amy Obermuller, will be caring for my dog(s) / cat(s) and has been instructed to transport my pet(s) to your office to be seen for authorized appointments or for emergency treatment. I authorize you to treat my pet(s) and I will be responsible for payment of their treatment when I return.

 Client Signature Client Name (Print) Date

**Keys:**

I hereby certify that I am providing (2) sets of keys **that I tested** to my home to “Tails, Scales, & Nubs”, aka Amy Obermuller. I release Tails, Scales, & Nubs, aka Amy Obermuller, to enter my home for pet care services whenever I make a request in writing (or email), by telephone, or in person. I am aware and agree that my key will be kept on a key ring, and that no directly identifying information will be associated with my key. I understand that Tails, Scales, & Nubs, aka Amy Obermuller, will exercise reasonable care and caution to safeguard my key, and I release them from further liability with regard to the safeguard of my key.

2 Key(s) received: YES / NO Key to be returned to Client: YES / NO

Key to be retained by pet sitter / company for future use: YES / NO

Dates of service:

1. Start Date: End Date: # of visits: Sitter:
2. Start Date: End Date: # of visits: Sitter:
3. Start Date: End Date: # of visits: Sitter:
4. Start Date: End Date: # of visits: Sitter:
5. Start Date: End Date: # of visits: Sitter:
6. Start Date: End Date: # of visits: Sitter:
7. Start Date: End Date: # of visits: Sitter:
8. Start Date: End Date: # of visits: Sitter:
9. Start Date: End Date: # of visits: Sitter:
10. Start Date: End Date: # of visits: Sitter:

Thank you for choosing Tails, Scales, & Nubs, aka Amy Obermuller. We assure you that your pet will have the best care, gets lots of attention, and be loved while you are away. Please list below any other concerns or other notes we may need to give your pet the best care possible:

Do you want us to brush our pet(s)? YES / NO

Location of pet brush:

**Service Agreement:**

This pet sitting service agreement is made between “Tails, Scales, & Nubs”, aka Amy Obermuller, and hereinafter referred to as “TSN”, and the below named Client, hereinafter referred to as “Client” for pet sitting services.

1. The Client agrees to pay TSN for all services in advance.
2. The Client certifies that he/she is the actual owner of the pet(s) indicated in the pet profiles(s).
3. The Client releases TSN to perform services as stated in the Pet Sitting Agreement, and permits TSN to enter the Client’s home upon the Client’s request for service made via telephone, email, or in-person.
4. TSN will not unlock or open doors and/or gates on the Client’s property, for any person(s) at anytime.
5. TSN shall not be liable for and the client shall indemnify and hold harmless TSN for any loss or damage whatsoever, including but not limited to: damage to the Client property, damage to the property of others, or damage or harm to the person of others that has been substantially caused by the client’s pet.
6. The Client understand that it is highly recommended that their pet(s) vaccination history be current and up-to-date.
7. The Client authorizes TSN to obtain emergency veterinarian care which may become necessary while the Client’s pet(s) are under the care of TSN. If the Client’s preferred veterinarian is not available, TSN is authorized by the Client to seek another veterinarian.
8. The Client is responsible for all veterinarian and emergency expenses, as indicated in the Veterinarian Release segment above. The Client understands that TSN will not lend money for or cover any veterinarian expenses.
9. The Client release TSN from any and all liability related to transportation, veterinarian treatment, and expenses.
10. The Client certifies that the Emergency Contact Person named above has been notified that he/she has been designated as the person who will make decisions on the client’s behalf in the case on an emergency. The Client agrees to notify TSN immediately, should he/she change the Emergency Contact.
11. The Client agrees that TSN shall not be required to visit the Client’s property under unforeseeable circumstances, including but not limited to: inclement weather; states of emergency; natural disaster; war; or Act-of-God. TSN shall not be liable for and Client shall indemnify and save harmless TSN for any loss or damage whatsoever arising from the non-attendance or from the circumstances of the non-attendance.
12. The Client agrees that TSN will not be liable for the injury, disappearance, death, or fines of any pet(s) that are left with unsupervised access to the outdoors.
13. TSN shall not be liable for and the Client shall indemnify and save harmless TSN for any loss or damage arising from the performance of any additional services whatsoever, including but not limited to: wilting or dead indoor or outdoor plants; damage to trash and/or recycling containers by garbage/recycling services or other cause, damaged, stolen, or mail or newspaper; or any other damage, loss or harm to the client’s property whatsoever.
14. The Client agrees to lock all window, screens, and doors prior to leaving his/her home unattended for the safety and security of the Client’s pet(s), property, and that of TSN.
15. The Client agrees to have sufficient pet food, pet medication, litter, cleaning supplies, and other important pet supplies readily available to TSN prior to departure. The Client agrees to reimburse RSP for re-supply of products that may become necessary for the satisfactory performance of duties.
16. TSN will attempt to contact the Client after the last agreed-to visit to determine if the Client has returned and has resumed care of their pet(s). If TSN cannot verify that the Client has returned home, TSN will continue to provide care to the Client’s pet(s) per the service request at the rate of $50.00 per day until the Client has returned home.
17. TSN agrees to provide services as discussed, in a timely, reliable, and caring manner.
18. The Client releases TSN from any and all liability arising out of the services provided, except for direct injuries to the pet(s) or to tangible property resulting from TSN’s gross negligence or intentional misconduct.
19. Pet sitting services cannot be provided, and no agreement exists for pet sitting services on any specific date(s) until this agreement has been completed and signed by both parties.
20. TSN shall not be responsible for and the Client shall indemnify and save harmless TSN for any loss or damage arising from any theft, burglary, vandalism, or third-party loss or damage to the Client’s pet(s), property, or other person. By signing this agreement, the Client agrees that he/she has read the terms of this agreement and confirms the accuracy of the information provided in the Client Worksheet. The signatures below indicate agreement to these terms.

 Client Signature Client Name (Print) Date

 Tails, Scales, & Nubs TSN Owner Name (Print) Date