



Our Pet and Plant Care

4111 East Madison Street • Suite 149 • Seattle, WA 981112 • (206) 484-8756

Name:		Spouse/Partner:
Address:		Spouse/Partner Cell:
Seattle, WA	Zip Code:	Spouse/Partner Email:
Home Phone:	Work Phone:	Do you own or lease your home? <input type="checkbox"/> Lease <input type="checkbox"/> Own
Cell:	May We Text You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord/Management Phone:
Email:		
Would You Like A Custom Pet Blog? <input type="checkbox"/> Yes <input type="checkbox"/> No		NOTE THE FOLLOWING INSTRUCTIONS ONLY IF APPLICABLE
How Would You Like Updates? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Blog Updates		Alarm/Gate Entry Password:
Exit Password:		
[Overnight Clients Only]		Company Name:
Do You Have WiFi We Can Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company Phone Number:
WIFI Password We Can Use:		Code Word:

EMERGENCY CONTACT	Relationship	Telephone	Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY PET GUARDIAN	Relationship	Telephone	Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER COMPANIES/PEOPLE WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY

NAME	Relationship	Key to home?	Date/Time of Visit?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSTRUCTIONS

Alternate Blinds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bring in Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Key Location?
Alternate Lights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Turn on/off TV/Radio? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Plants? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE HELP US LOCATE THE FOLLOWING

Leashes	Can Opener (if applicable)	Broom/Vacuum
Food/Treats	Litter Box	Water Shut Off Valve
Doggie Towels	Litter Box Supplies	Electrical Panel
Toys	Pet Baggies	Fire extinguisher(s)
Meds/Vitamins	Trash Cans	Location of /Dumpster:
Brushes	Carrier(s)	



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POLICIES AND PROCEDURES

1. Scheduling and Visit Times: We strive to accommodate the needs of your pet. *Our Pet and Plant Care* provides a time interval during which visits will occur. If an unforeseen situation arises, the time interval may be adjusted.

2. Reservations: It is best to plan in advance in order to obtain services on the dates you desire. An in-home consultation is required, prior to reservations, for all new clients. Please confirm your reservations with *Our Pet and Plant Care* office before departure.

3. Early Returns/Last Minute Changes: *Our Pet and Plant Care* carefully scheduling to serve you and our other clients. Therefore, there are no refunds for early returns or last minute changes to pet care. Credit for session is at discretion of *Our Pet and Plant Care*.

4. Keys: *Our Pet and Plant Care* will obtain one copies of your house key during the in-home consultation. Frequent clients may assign a key to *Our Pet and Plant Care*, which will be kept in a secured lock system and are coded for your protection. If you choose not to have *Our Pet and Plant Care* retain your keys, key pick-up or drop-off may be arranged. A nominal fee may apply.

5. Cancellations: With the exception of severe weather, life threatening emergencies or a death in the family, any cancellations over holiday periods will result in a 50% cancellation fee of the total amount paid with the remain balance issued as credit or refund, based on mutual agreement of client and *Our Pet and Plant Care*. Outside of holiday periods, scheduled pet sitting services must be cancelled a minimum of 24 hours prior to the first scheduled visit of the scheduled sessions. If less than 24 hours notice is provided, regular service fee is still due.

6. Household Emergencies: Please provide the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units.

7. Additional Pet Care Assistance And Other Scheduled Services: *Our Pet and Plant Care* is not responsible for other persons in your home prior to, during, or immediately after our services have been rendered and who are not employees of *Our Pet and Plant Care*. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, maintenance personnel, friends, family and neighbors. It is understood that the client will notify anyone with access to the home that the services of *Our Pet and Plant Care* have been engaged.

8. Inclement Weather: *Our Pet and Plant Care* uses the best judgment in caring for your pets(s) and home at the time of inclement weather. *Our Pet and Plant Care* will try to carry out your instructions to the best of *Our Pet and Plant Care's* ability. Customer selection of a nearby emergency contact has been requested.

9. Inclement Weather Plan: 1) Every effort will be made to drive to your home; 2) The service schedule may be changed, interrupted, or altered due to circumstances; 3) If is not possible to drive safely to your home, your emergency contact will be notified, 4) You will be notified that the above-mentioned contingency plan has been activated.

10. Inclement Weather Contact: *Our Pet and Plant Care* has requested the name and phone number of a person living nearby (with access to your home). This should be a person close enough to walk to your home if roads are impassable (for example, a neighbor). If we are physically unable to drive to your home this information is needed so that we can contact this person to request their assistance to check on your pet(s). Please remember that garage door openers are not operational in the event of power outages. In the event that the customer does not provide a nearby emergency contact with access to your home during extreme weather conditions, *Our Pet and Plant Care* will provide service once until conditions allow us to reach your home safely.

11. Pet Guardianship: In the unfortunate event you become incapacitated while your pet(s) are in our care, please name the person(s) who should be contacted to become the guardian and take over the care of your pet(s) until care can be provided as arranged for in other legal documents prepared by you. We urge you to address care of your pet(s) when planning your estate. Please be sure the named person(s) is/are aware you are appointing the guardian(s) of your pet(s).



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12. Medication/Vaccinations/Immunizations: *Our Pet and Plant Care* will attempt to administer medications as directed but is not liable for complications that arise as a result. *Our Pet and Plant Care* will not provide service any pet that has any form of active contagious illness. *Our Pet and Plant Care* requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations. If a pet care provider of *Our Pet and Plant Care* is bitten or exposed to any disease or ailment received from the client's pet(s) which has not been properly or currently vaccinated, client will be responsible for all costs and damages that may be incurred as a result. Client agrees to reimburse *Our Pet and Plant Care* for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies for client's pet(s).

13. Unforeseen Purchases or Vet Emergencies: *Our Pet and Plant Care* will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and wellbeing of your pet during your absence. We will retain a receipt and the pet owner is responsible for reimbursement of these items. In addition, regular "visit time rates" will be applied. If emergency veterinarian care is needed during our care, we will make every attempt to bring your pet to your vet of record, or to the nearest emergency animal clinic. In the event of a pet emergency, *Our Pet and Plant Care* will stay with your pet until dismissed by the veterinarian. A special rate of \$20 per hour with a \$120 maximum will apply with a \$20 pet taxi fee.

14. Pet Waste: *Our Pet and Plant Care* will properly dispose of your pet(s) waste. We do request however, that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed of.

15. Collars/Leashes: Please provide secure collars with appropriate tags for all visits. All pets will be walked on leashes.

16. Fences: *Our Pet and Plant Care* does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced area. This includes electronic, wood, metal or any other type of fence.

21. Vaccinations: Client attests to the licenses and vaccinations required by the State of Washington, the City of Seattle and King County in are current for all pets outlined in pet profile for which *Our Pet and Plant Care* is providing service.

17. Other Animal Interactions: We will do our best to keep interaction with stray or strange animals to a minimum. Should your pet attack another person, *Our Pet and Plant Care* is not liable for damages, injuries or distress.

18. House Cleanliness: *Our Pet and Plant Care* will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies. *Our Pet and Plant Care* is not responsible for carpet/flooring stains created by your pet(s). We request that you provide plastic bags, towels, cleaning products, paper towels, and trash bags. If there are accidents above and beyond the normal amount anticipated, *Our Pet and Plant Care* will charge a reasonable fee for clean up time.

19. Thermostats: Please leave your thermostat settings within a normal comfortable range (65-78°F). If the house temperature is outside of this range, *Our Pet and Plant Care* will adjust the thermostat to ensure the health safety and comfort of your pet(s).

20. Payment: *Our Pet and Plant Care* accepts cash, checks and credit cards via PayPal or Square. If paying by PayPal or Square a three and three-quarter processing fee is added to the total. Payment is due at the time of the first in-home visit for all clients. **Checks should be made payable to *Our Pet & Plant Care*.** There is a \$35 fee for all returned checks. A 1.5% or \$5 (whichever is greater) late fee will apply to all past due accounts on a 4 week billing cycle. Clients are responsible for all costs of collections for unpaid balances after 60 days.

21. Updates: Please inform us of any changes regarding your contact information or your pet's care needs.

22. Privacy Policy: All of your information will be kept private and confidential. *Our Pet and Plant Care* highly respects our clients entrusting us with the care of their home and pets. Information will not be shared unless requested in writing or by subpoena of law enforcement agencies.



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EMERGENCY VET CARE AGREEMENT

Veterinarian/Clinic:		Office Phone:
Address:		After Hours Phone:
City	Zip Code:	Should Vet Call You Prior to providing care? <input type="checkbox"/> Yes <input type="checkbox"/> No

During my various absences, *Our Pet and Plant Care* will be caring for my pet(s). They have my permission to transport my pet(s) to and from your office or request "on site" treatment from your office as is deemed necessary.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf upon my return. I further authorize you to give any information about treatment, care and medical history for my pet(s) pertaining to these circumstances to *Our Pet and Plant Care* or a representative of *Our Pet and Plant Care*.

Client Signature

Date

Copies of this form may be retained by veterinary office or emergency animal clinic and *Our Pet and Plant Care* to authorize urgent veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify *Our Pet and Plant Care* before service dates.

Client Initial: _____



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SERVICE AGREEMENT

Our Pet and Plant Care agrees to provide the services stated in this agreement in a 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 *Our Pet and Plant Care*, its employees or assigns, except those arising from proven negligence of the pet sitter.

Our Pet and Plant Care will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.

Our Pet and Plant Care reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time as per the Policies and Procedures. Either party must provide 24 hours notice of termination of contract.

I authorize this contract to be valid approval for future services so as to permit *Our Pet and Plant Care* to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

I have read and agree to the aforementioned Policies and Procedures, which are a part of this agreement. I am aware that I shall keep a signed copy for my records.

Client Initial: _____

Key(s): Number of Keys:	Color of Key(s):	Brand/ID Number:
Key(s): <input type="checkbox"/> Return (\$10 drop-off fee) <input type="checkbox"/> Please retain for future visits <input type="checkbox"/> Other:		

AUTHORIZATION

I have read, understand and agree to the policies and guidelines of *Our Pet and Plant Care*. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of *Our Pet and Plant Care*.

I authorize *Our Pet and Plant Care* to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.

Client Signature

Date

Our Pet and Plant Care

Date



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PET BIO

Pet Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered		
Breed:		ID Tags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Micro-chipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:	Notes:			
DOB/Age:				Weight:
Color of Collar:				

FEEDING INSTRUCTIONS

Brand of Food:	Morning Time:	Amount
Treats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Time:	Amount
Brand of Treats:	Food Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please List:	
	Notes:	

MEDICATIONS

Name of Medication	When to Administer	Amount	How to Administer

VACCINATIONS

HISTORY OF ILLNESS

Rabies Shot Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
DHLPP Shot Current : <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	

GENERAL INFORMATION

Has your pet ever scratched, attacked or bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your pet good around children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet ever bitten or fought another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your pet like to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your pet like to play? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your pet like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Favorite Toys:	
How does your pet react to your absence from home?	



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Breed:		ID Tags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Micro-chipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:	Notes:			
DOB/Age:				Weight:
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Has your pet ever bitten or fought another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your pet like to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your pet like to play? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your pet like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Favorite Toys:	
How does your pet react to your absence from home?	