

While You Were Gone

Pet Sitting Service 

SERVICE CONTRACT

This contract is made by While You Were Gone, owned by Eleanor Gallo, and _____, an individual (to be referred to as CLIENT) residing at _____.
Home Phone _____ Business Phone _____ Emergency Phone _____

PET CARE

1. I (CLIENT) authorize While You Were Gone to perform pet care services as outlined on the "House and Pet Information Sheet" which shall become part of this contract.
2. If the pet(s) become ill while under the care of While You Were Gone, I authorize the sitter designated by While You Were Gone to care for my pet(s), to transport my pet(s) to my veterinarian (or one who is available) if this is needed in her best judgment. I authorize While You Were Gone to approve any emergency treatment recommended by the veterinarian and I agree to pay promptly for charges incurred. I release While You Were Gone from all liabilities related to transportation, treatment, and expense.
3. In the event of severe weather I authorize the sitter assigned by While You Were Gone to use his/her best judgement in caring for my pet(s) and home.

PAYMENT

1. Pet care services will be provided at the starting rate of \$ _____ per visit. Rates for subsequent Services are subject to change.
2. If CLIENT returns before scheduled visits are complete, or for any reason no longer requires the Services of While You Were Gone, and fails to adequately notify While You Were Gone of such, any visit or trip resulting from such failure to notify shall be compensated at the above rate. PET SITTING CANNOT BE GUARANTEED if client notifies While You Were Gone that additional visits to pet(s) are needed after scheduling has been agreed upon. If CLIENT fails to notify While You Were Gone of additional visits and PET SITTER continues visits after the originally agreed upon date and time, compensation will be **twice the amount indicated above**.
3. I agree to reimburse While You Were Gone for any additional fees for tending to emergency or veterinary care as well as expenses incurred for any other unexpected home, food, or other special needs.
4. After the first series of visits I agree to PAY IN FULL WITHIN TEN (10) DAYS OF MY RETURN. I understand that if there is an unpaid balance of over thirty (30) days for pet care, While You Were Gone will be unable to care for my pets until the balance is paid in full.
5. If the unpaid balance remains unpaid beyond the thirty day period, I understand that a finance charge of 1 1/2 % per month (18% per annum) will be added to the unpaid balance. There will be a \$20.00 handling charge for checks returned for any reason. There will be a 50% advance deposit for all lengthy assignments (over 14 days). Clients with a history of late payment will be required to pay in advance before services are rendered.

LIABILITY

1. Customer expressly waives and relinquishes any and all claims against While You Were Gone, its employees and associates, except those arising from negligence on the part of While You Were Gone.
2. It is expressly understood and agreed that While You Were Gone shall not be held responsible for any damage to CLIENT'S property, or that of others, caused by CLIENT'S pet(s) during the period in which they are in its care. I have advised While You Were Gone of other situations that will relieve it of liability for damage.
3. If a dog has a history of biting, While You Were Gone reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for the sitter's medical care expenses and damages that result from an animal bite.

FURTHER SERVICES

I authorize this contract to be valid approval for future services so as to permit While You Were Gone to accept my telephone reservations and enter my premises without additional signed contracts or written authorizations.

Client Name (Please Print): _____ Signature: _____
Date: _____