

TOP HAT AND TAILS PET SITTING
Terms of Agreement for Pet Care

Daily Plan M T W T F S S

Rate _____

Vacation Plan begin date _____ **end date** _____ **# of daily visits** _____

Rate _____

of Cats _____ **# of Dogs** _____ **# of small animals** _____ **type** _____

This signed document is an agreement between **Top Hat And Tails Pet Sitting** and _____ (Client) for pet care services beginning on _____.

PET CARE

1. I authorize **Top Hat And Tails** to perform pet care services as outlined in Client Profile, Pet Profiles, and Policies and Procedures which shall become part of this contract.
2. I authorize **Top Hat And Tails** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Top Hat And Tails** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
3. **Top Hat And Tails** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. Client will provide in writing the names of those that shall have access to the premises while Top Hat and Tails is caring for pet(s). Pet care will be performed only by **Top Hat And Tails** during all assignments unless prearranged with client (i.e., in the event of Top Hat and Tails owner or employee being on vacation, etc.)
4. I agree to reimburse **Top Hat And Tails** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
5. **Top Hat And Tails** 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 **Top Hat And Tails**, its employees or assigns, except those arising from proven negligence of the pet sitter.
6. **Top Hat And Tails** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
7. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Client agrees to indemnify and hold harmless **Top Hat And Tails** in the event of a claim by any person injured by the pet.
8. **Top Hat And Tails** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time. There is no term of contract for daily service.

9. It is expressly understood that **Top Hat And Tails** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Top Hat And Tails** of all situations, which will relieve it of liability for damage.

10. Fees are earned upon acceptance of pet sitting reservations and are due on or before the first scheduled visit.

11. I attest to the fact that all licenses and vaccinations required by the State, _____, the City in which I reside and/or the County of _____ are current according to the law. _____ (initial here)

12. I authorize this contract to be valid approval for future services so as to permit **Top Hat And Tails** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization. Keys will be held by **Top Hat And Tails Pet Sitting**. _____ (initial here). If **Top Hat And Tails** is asked to pick-up and/or return a key, there will be a \$10.00 travel charge. Note: We will not enter homes left unlocked/unsecured. Door codes and alarm systems can be temporarily set. Code number will be discussed at initial consultation. Please provide security system password.

I have completed and signed required veterinary authorization forms.

I have read and agree to the aforementioned Policies and Procedures which are a part of this agreement. I have been provided with a signed copy for my records.

This signed document is authorization to enter the above address for the purpose of pet care or home security checks.

Signed _____

Date _____

Top Hat And Tails Representative _____

Date _____