**Client Information**

Client’s Name:

Pet’s Name:

Address: City: CA Zip:

Phone Number(s):

Whom to contact in an emergency. *Emergency contact must be local and* ***not traveling*** *with you.*

Emergency Phone Numbers:

Does someone else have a key or access to the home or pet (ex-spouse/parents/in-laws/friends)?

YES NO If YES, who?

Name:

Phone:

Name:

Phone:

Will anyone else come into the house while you are away? YES NO If YES, who?

Name:

Phone:

Do I have permission to take your pet to the veterinarian if needed? YES NO

Other Duties (check all that apply): Mail Trash Water Plants Other:

Do you have security cameras installed inside/outside the house and/or a security code? YES NO

Should Nathan Balderrama retain your key after the last pet sit for future sits? There is a $10 key pick up and drop off after initial pet sit request that is added to your invoice. YES NO

Please: Leave key in the house or Lock box

Other arrangements (describe):

How many times a day would you need me to visit?:

**Client Information** (Cont.)

Additional instructions:

* Please be aware that Nathan Balderrama cannot be responsible for the safety of your home if you choose to have the keys left outside. If you choose to have the keys left inside the home after the last pet visit, please be aware that if you are delayed and I need to enter your home, I will hire a locksmith to access your home in order to continue taking care of your pets.
* It is Nathan Balderrama’s responsibility to communicate via email with you about your pet(s) on all our pet assignments and occasionally include pictures.
* Nathan Balderrama also confirms all pet assignments prior to starting a pet sit to ensure I have the dates correct. Nathan Balderrama shall email you after the last pet sit. For the safety of your pet(s), please contact Nathan Balderrama upon arrival home.
* If your pet is in my care and you leave me a message, I shall contact you within two hours under normal circumstances.

Client Signature:

By typing my name, I am electronically signing my application.

Date

Email:

Pet Sitter’s Name: Nathan Balderrama

Pet Sitter’s Signature:

By typing my name, I am electronically signing my acknowledgment.

**Pet Information**

*(Complete for each pet, see additional copies at the end of the contract)*

Type of Animal:

Pet Name:

Age:

Breed(s):

Color/Markings:

Sex:

Neutered/Spayed:

Microchip Information:

Rabies Tag #:

Expiration Date:

Allergies?

What kinds of foods does your pet eat?

Special feeding instructions?

Any aggressive or other behavior I should be aware of? YES NO

If YES, please explain:

Please tell me a little about your pet(s). How long have you had them, and how would you describe their

personalities?

I prefer not to use choke collars on dogs. If you use a choke collar, do you have another collar I can use on our walks? YES NO

Where do you keep your collar, leash, extra pet supplies?

Is your pet on any medications that must be administered? YES NO

If YES, please describe the medication procedures including name, dosage and where it is kept.

Does your pet have favorite hiding places?

Please answer the following brief questionnaire about your pet. It will help me to provide better care but may not apply to all animals:

Is friendly with other animals? YES NO

Likes new adults? YES NO

Likes children? YES NO

Must stay on leash during walks? YES NO

Is allowed in the house? YES NO

Is allowed to have treats you provide? YES NO

Is prone to chewing? YES NO

Is fearful of noises or other things? YES NO

Obeys basic commands? YES NO

Has bitten people or other animals? YES NO

Has shown other aggression? YES NO

Is your pet an indoor or outdoor pet?  INDOOR  OUTDOOR

Additional Comments: Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care.

**Client Agreement for Pet Care**

* Please have paperwork and a spare key available for me at the interview.
* Please note there is an extra charge of $10 per visit on major holidays.
* Due to the nature of our business, I cannot always guarantee availability so please book well in advance, especially during the holiday season.
* In case I am unavailable to accommodate a pet sit, you will be informed well in advance. I can, however, provide you with recommendations for other local pet sitters.

This signed document is an agreement between Nathan Balderrama and Client:

Nathan Balderrama agrees to provide pet care services to Client in a professional, reliable, trustworthy, and caring manner of their pet(s) and home. I will never disclose your information to a third party.

RATE PER VISIT:

1. Client authorizes Nathan Balderrama to perform pet care services as outlined in this contract.
2. Client authorizes Nathan Balderrama to obtain any emergency veterinary care that may be necessary during the time spent with pet. Client accepts responsibility for any charges related to this emergency care.
3. Client also authorizes Nathan Balderrama to utilize an alternate veterinarian in the event Client’s primary veterinarian is unavailable. Every effort will be made to contact the Client prior to obtaining emergency care unless otherwise stated.
4. Nathan Balderrama accepts no responsibility for the security of the premises, loss or damage if other individuals have access to the home during the term of this agreement. Pet care will be performed only by Nathan Balderrama during all assignments.
5. Client agrees to reimburse Nathan Balderrama for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
6. Nathan Balderrama agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration for these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against Nathan Balderrama , its employees or assigns, except those arising from proven negligence of the pet sitter.
7. Nathan Balderrama will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
8. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons, animals, or property by the pet(s). Client agrees to indemnify and hold harmless Nathan Balderrama in the event of a claim by any person, animal or their property injured or affected by the pet(s).
9. Nathan Balderrama 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.
10. It is expressly understood that Nathan Balderrama 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. Client has advised Nathan Balderrama of all situations which will relieve it of liability for damage.
11. LATE FEE. Fees are earned upon acceptance of pet sitting reservations and are due 15 days from end of pet sit day. There is a 10% late fee after 30 days and for each month up to 90 days after which the unpaid invoice is submitted to collection.
    * Client will be charged if the pet sitter shows up to pet sit and is unable to enter the home.
    * Client will be charged a 25% fee of entire pet sitting reservation if cancelled less than 24 hours ahead of a major holiday.
    * Client will be charged a 50% fee for the remainder of all days left on pet sit reservations if cancelled mid-pet sit during major holidays.
    * A fee of $15 will apply to all returned checks. Client is responsible for all costs of collection and including all attorney fees.
12. Client attests to the fact that all licenses and vaccinations required by the State of California, the City in which Client resides and/or the County are current according to the law.
13. Client authorizes this contract to be valid approval for future services so as to permit Nathan Balderrama to accept telephone, email, or text message reservations and enter Client’s premises without additional signed contracts or written authorization.
14. A spare key, garage code or security alarm code has been provided to the pet sitter and Client shall be responsible for providing any changes to the alarm code and keys prior to a pet sit.
    * In the event an updated key or alarm code is not provided and the pet sitter is unable to enter the home, the pet sitter shall try to reach the Client on the emergency numbers provided. If unable to, for the safety of the pet(s), a lock smith shall be called and the Client shall be responsible for all expenses associated with accessing the home to care for the pet(s).
    * I strive to provide all of my clients with above and beyond service and shall provide you with constant contact and written communication of services performed on a regular basis. If there are any changes in pet sitting assignments and/or new assignments including additions or changes in pet(s) or home care, it is the responsibility of the Client to provide in writing to the pet sitter these changes/additions, so the Client’s files can be updated accordingly.
15. In the event Client’s pet(s) require veterinary care, I shall charge for time at a rate of $25 an hour or fraction thereof. This also applies to any other emergency related to pet(s) or home while Client is away.
16. Please provide a back up emergency plan for your pet(s) in the event your pet sitter has a personal emergency.
17. In the event of a personal emergency where I am unavailable to continue services, my emergency contact Nicole Coxe, will notify you immediately.

Client has completed and signed the required veterinary release forms. Client has read and agrees to the Policies and Procedures which are part of this agreement.

Client Signature:

By typing my name, I am electronically signing my application.

Date

Email:

Pet Sitter’s Name: Nathan Balderrama

Pet Sitter’s Signature:

By typing my name, I am electronically signing my acknowledgment.

**Veterinarian Authorization**

Veterinarian’s Name:

Veterinarian’s Address:

Phone Numbers:

During my various absences, Nathan Balderrama will be caring for my pet(s). They have my permission to transport them to and from your office or, in the case of large animals, request “on site” treatment from your office as is deemed necessary. I authorize you to treat my pet(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 out any information about my pet(s) to Nathan Balderrama .

**Urgent Veterinary Treatment Authorization**

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event your pet(s) require such treatment during your absence and I am unable to contact you.

Please indicate a maximum dollar amount for your pet’s veterinary treatment in the event I am unable to contact you. $ . (Please do not leave blank.)

In case of an ill or senior pet, does the veterinarian have instructions on file should your pet pass away while you are out of town? YES NO

Have you made arrangements with your emergency contact and veterinarian on what should be done?

YES NO

Client Name:

Address:

All phone numbers:

Client Signature:

By typing my name, I am electronically signing my application.

Date

**Pet Information**

*(Complete for each pet)*

Type of Animal:

Pet Name:

Age:

Breed(s):

Color/Markings:

Sex:

Neutered/Spayed:

Microchip Information:

Rabies Tag #:

Expiration Date:

Allergies?

What kinds of foods does your pet eat?

Special feeding instructions?

Any aggressive or other behavior I should be aware of? YES NO

If YES, please explain:

Please tell me a little about your pet(s). How long have you had them, and how would you describe their

personalities?

I prefer not to use choke collars on dogs. If you use a choke collar, do you have another collar I can use on our walks? YES NO

Where do you keep your collar, leash, extra pet supplies?

Is your pet on any medications that must be administered? YES NO

If YES, please describe the medication procedures including name, dosage and where it is kept.

Does your pet have favorite hiding places?

Please answer the following brief questionnaire about your pet. It will help me to provide better care but may not apply to all animals:

Is friendly with other animals? YES NO

Likes new adults? YES NO

Likes children? YES NO

Must stay on leash during walks? YES NO

Is allowed in the house? YES NO

Is allowed to have treats you provide? YES NO

Is prone to chewing? YES NO

Is fearful of noises or other things? YES NO

Obeys basic commands? YES NO

Has bitten people or other animals? YES NO

Has shown other aggression? YES NO

Is your pet an indoor or outdoor pet?  INDOOR  OUTDOOR

Additional Comments: Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care.

**Pet Information**

*(Complete for each pet)*

Type of Animal:

Pet Name:

Age:

Breed(s):

Color/Markings:

Sex:

Neutered/Spayed:

Microchip Information:

Rabies Tag #:

Expiration Date:

Allergies?

What kinds of foods does your pet eat?

Special feeding instructions?

Any aggressive or other behavior I should be aware of? YES NO

If YES, please explain:

Please tell me a little about your pet(s). How long have you had them, and how would you describe their

personalities?

I prefer not to use choke collars on dogs. If you use a choke collar, do you have another collar I can use on our walks? YES NO

Where do you keep your collar, leash, extra pet supplies?

Is your pet on any medications that must be administered? YES NO

If YES, please describe the medication procedures including name, dosage and where it is kept.

Does your pet have favorite hiding places?

Please answer the following brief questionnaire about your pet. It will help me to provide better care but may not apply to all animals:

Is friendly with other animals? YES NO

Likes new adults? YES NO

Likes children? YES NO

Must stay on leash during walks? YES NO

Is allowed in the house? YES NO

Is allowed to have treats you provide? YES NO

Is prone to chewing? YES NO

Is fearful of noises or other things? YES NO

Obeys basic commands? YES NO

Has bitten people or other animals? YES NO

Has shown other aggression? YES NO

Is your pet an indoor or outdoor pet?  INDOOR  OUTDOOR

Additional Comments: Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care.

**Pet Information**

*(Complete for each pet)*

Type of Animal:

Pet Name:

Age:

Breed(s):

Color/Markings:

Sex:

Neutered/Spayed:

Microchip Information:

Rabies Tag #:

Expiration Date:

Allergies?

What kinds of foods does your pet eat?

Special feeding instructions?

Any aggressive or other behavior I should be aware of? YES NO

If YES, please explain:

Please tell me a little about your pet(s). How long have you had them, and how would you describe their

personalities?

I prefer not to use choke collars on dogs. If you use a choke collar, do you have another collar I can use on our walks? YES NO

Where do you keep your collar, leash, extra pet supplies?

Is your pet on any medications that must be administered? YES NO

If YES, please describe the medication procedures including name, dosage and where it is kept.

Does your pet have favorite hiding places?

Please answer the following brief questionnaire about your pet. It will help me to provide better care but may not apply to all animals:

Is friendly with other animals? YES NO

Likes new adults? YES NO

Likes children? YES NO

Must stay on leash during walks? YES NO

Is allowed in the house? YES NO

Is allowed to have treats you provide? YES NO

Is prone to chewing? YES NO

Is fearful of noises or other things? YES NO

Obeys basic commands? YES NO

Has bitten people or other animals? YES NO

Has shown other aggression? YES NO

Is your pet an indoor or outdoor pet?  INDOOR  OUTDOOR

Additional Comments: Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care.

**Pet Information**

*(Complete for each pet)*

Type of Animal:

Pet Name:

Age:

Breed(s):

Color/Markings:

Sex:

Neutered/Spayed:

Microchip Information:

Rabies Tag #:

Expiration Date:

Allergies?

What kinds of foods does your pet eat?

Special feeding instructions?

Any aggressive or other behavior I should be aware of? YES NO

If YES, please explain:

Please tell me a little about your pet(s). How long have you had them, and how would you describe their

personalities?

I prefer not to use choke collars on dogs. If you use a choke collar, do you have another collar I can use on our walks? YES NO

Where do you keep your collar, leash, extra pet supplies?

Is your pet on any medications that must be administered? YES NO

If YES, please describe the medication procedures including name, dosage and where it is kept.

Does your pet have favorite hiding places?

Please answer the following brief questionnaire about your pet. It will help me to provide better care but may not apply to all animals:

Is friendly with other animals? YES NO

Likes new adults? YES NO

Likes children? YES NO

Must stay on leash during walks? YES NO

Is allowed in the house? YES NO

Is allowed to have treats you provide? YES NO

Is prone to chewing? YES NO

Is fearful of noises or other things? YES NO

Obeys basic commands? YES NO

Has bitten people or other animals? YES NO

Has shown other aggression? YES NO

Is your pet an indoor or outdoor pet?  INDOOR  OUTDOOR

Additional Comments: Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care.