



BARK'NCALL PET CARE

Guarding Your Pet's Happiness!!!

1433 N.E. 2nd Ave. Ft. Lauderdale, FL. 33304 (954)696-4916 info@barkncallpetcare.com



DOG WALKING & PETSITTING SERVICE AGREEMENT

This Agreement has been made and entered into this _____ of _____, 2012, by and between _____
Day Month Dog walker/ PetSitter

hereinafter referred to as "Dog walker/ Pet sitter" and:

Client Name: _____
 Client Address: _____
 Home Phone: _____ Email: _____
 Cell Phone: _____ Alt. Email: _____
 Hereinafter referred to as **CLIENT**.

PET SITTER INFO

Name: Elwyn/ Susanne Green
 Address: 1433 NE.2nd Ave. Ft. Lauderdale, FL. 33304
 Phone: (954) 696-4916 / (954)496-1945 Email: info@barkncallpetcare

The parties recite that: Pet sitter is engaged in dog walking and pet sitting business to be completed at customer premises, unless agreed to otherwise. Pet Sitter is willing to contract with customer, and Customer is willing to contract with Pet Sitter, on the terms and conditions hereinafter set forth. For the reasons set forth above, and in consideration of the mutual covenants and promises of the parties hereto, Pet Sitter and Customer covenant and agree as follows:

SERVICES PROVIDED FOR:

Pet Name:				Breed:			
Animal:				Description:			
Sex		Age					
M	F						
License Tag/ Tattoo ID#:							
Is your pet micro chipped?		Yes	No				
Is your pet spayed/ Neutered?		Yes	No				
Is your pet aggressive?		Yes	No				

Basic Commands Does your pet respond to these commands?Please Check!

Sit	Stay	Heel	Come	No	Down	Off	Leave It		
Has your pet bitten another animal or person?								No	

Yes, please explain.

Pet Name:				Breed:			
Animal:				Description:			

Sex		Age					
M	F						
License Tag/ Tattoo ID#:							
Is your pet micro chipped?				Yes		No	
Is your pet spayed/ Neutered?				Yes		No	
Is your pet aggressive?				Yes		No	

Basic Commands Does your pet respond to these commands? Please Check!

Sit		Stay		Heel		Come		No		Down		Off		Leave It		
Has your pet bitten another animal or person?															No	

Yes, please explain.

BEHAVIOR

Social		Please Explain														
Aggressive		Please Explain														
Food	Dogs															

FEEDING INSTRUCTIONS

Name	Morning	Afternoon	Evening
<i>Cups</i>			
Name	Morning	Afternoon	Evening
<i>Cups</i>			

PET HEALTH HISTORY

Up to date on immunizations?	Y		N	
Any current diseases, illnesses, or disabilities?	Y		N	

yes, please explain

EMERGENCY CONTACT INFORMATION

Owner/Customer location (while away from home)	State/ Country
Phone numbers where customer may be reached	
Name of local emergency contact	Phone number
Name of local emergency contact	Phone number
Name of local emergency contact	Phone number

SPECIAL INSTRUCTIONS (Command words, behavior, fear, aggression)

ADDITIONAL INSTRUCTION FOR HOUSEHOLD (pick up mail, water plants)

VETERINARIAN CONTACT INFORMATION

Primary Veterinary Clinic: _____ Vet Phone: _____
Vet Name: _____
Vet Address: _____
City State Zip Code

VETERINARY TREATMENT CONSENT FORM

During my absence a representative of **Bark'NCallPetcare** will be caring for my pet(s).
I give **Bark'NCallPetcare** my permission to transport my pet(s) to a veterinarian or to an emergency clinic.
In the event I cannot be reached, **Bark'NCallPetcare** is given authorization to act on my behalf in regard to my pets' medical care. Any veterinary charges for the treatment of my pet will be paid by me.

Not to exceed the following amounts for each pet:

Pet Name	Amount:	\$
Pet Name	Amount:	\$
Pet Name	Amount:	\$

In the event the aforementioned veterinarian is not available

another vet in his/her veterinary group is acceptable.	
another vet in his/her veterinary group is not acceptable.	
Initial:	

I understand that Bark'NCallPetcare assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

Initial: _____

I agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me.

Initial: _____

I do not agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me.

Initial: _____

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client's original signature.

Initial: _____

After hours and weekends:

Pet Emergency Center
921 E. Cypress Creek Rd
Fort. Lauderdale
(954) 772-0420

If the veterinary office named above is unavailable, Bark'NCallPetcare is authorized to take my pet to the veterinarian office or clinic of their choice for treatment.

Initial: _____

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, while in our care, and we are unable to contact you at the time. should you change veterinarians please notify **Bark'NCallPetcare** before service dates. A copy will be sent to the primary veterinarian listed above to be retained in the pets' medical file.

* This form MUST be signed to authorize treatment.

Signed: _____ Date: _____
Printed Name: _____

Bark'NCallPetcare Walker/Sitter:

Signed _____

Date: _____

PET GUARDIANSHIP

In the unfortunate event that something happens to you, please name who should be contacted to take over the care of your pet(s). Please be sure the named person(s) is aware that you are appointing them

In the event of an emergency which incapacitates me, Bark'NCallPetcare is authorized to turn my pet(s)

over to: Name: _____

Address: _____

Home: _____

Cell phone: _____

Email: _____

PERMISSION TO TRANSPORT PET

I authorize Pet Sitter to transport my pet

Initial: _____

I do not authorize Pet sitter to transport my pet except in case of emergency.

Initial: _____

COMPENSATION

Customer shall pay pet sitter in full upon completion of services rendered, compensation at the rate of Service provided

Service Desc.	Duration	Weekday	Weekend	Price

ADDITIONAL CHARGES

KEY RELEASE

Bark'NCallPetcare offers a Keyed Pet Program - keeping client keys on file to simplify arrangements for future visits and scheduling key pick-ups/returns, and to avoid unnecessary key pick-up charges.

I release my house keys to Bark'NCallPetcare to retain on file for future services to be provided to my pet(s) and myself. I may revoke this release at any time and expect my keys to be returned to me upon such revocation.

Initial: _____

I would like Bark'NCallPetcare to return my house keys after the current service is completed. I understand there will be a \$20 charge to pick up the key again for future services that I may request.

Initial: _____

Alarm

Alarm code(s):	Activate	Deactivate
Instructions:		
Keypad Location:		
Alarm Company		Phone: _____

Notify your alarm company that Bark'NCallPetcare will be caring for your pets.

Notify the Gate Guards to allow Bark'NCallPetcare access to the community during your absence.

If possible provide a gate card or FOB for use by your pet sitter.

Word for accidental alarm cancellation

In the case that Pet Sitter should have an emergency and/or otherwise be unable to provide service at one or more contracted times, I authorize that another insured & bonded Bark'NCallPetcare contractor may be substituted for the service required, with advance notice given when possible. Initials:

I understand Cancellations must be made 24hours before scheduled visit or payment in full is required.

Initials:

I understand Cancellations must be made 2 WEEKS before scheduled HOLIDAY visit or payment in full is required.

Initials:

WAIVER OR MODIFICATION INEFFECTIVE UNLESS IN WRITING

No waiver or modification of this agreement or of any covenant, condition, or limitation herein contained shall be valid unless in writing and duly executed by the party to be charged therewith. Furthermore, no evidence of any waiver or modification shall be offered or received in evidence in any proceeding, arbitration, or litigation between the parties arising out of or affecting this agreement, or the rights or obligations of any party hereunder, unless such waiver or modification is in writing, duly executed as aforesaid. The provisions of this paragraph may not be waived except as herein set forth.

CONTRACT GOVERNED BY LAW

This agreement and performance hereunder and all suits and special proceedings hereunder shall be construed in accordance with the laws of the State of Florida Executed on the date first above written

Customer's signature:

Printed Name:

Pet Sitter's Signature:

Printed Name:

Date:

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