



PET SITTING SERVICES

CLIENT AGREEMENT AND INFORMATION

Name/s: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Location of Extra Key: _____

Alarm deactivation Code: _____

Alarm activation Code: _____

Alarm company Name: _____

Alarm company Phone: _____

CREDIT CARD INFORMATION

Card Type: Visa MasterCard AmEx Discover

Exp. Date: _____ Digit Code: _____

Name as shown on card: _____

1) The initial term of this contract shall be ongoing until Client or Gift of Time Ohio Premier Concierge LLC (Gift of Time Ohio) cancels service. Client also warrants and represents that all information provided to Gift of Time Ohio in its client record is accurate and agrees to notify Gift of Time Ohio staff of any changes/updates.

2) Gift of Time Ohio is authorized to: a) provide care as outlined by Client, or as deemed appropriate by Gift of Time Ohio staff for the safety of Client's pets and/or property; b) seek emergency veterinary care with release from all liabilities related to transportation, treatment and expense, and against any and all claims by any third parties; c) to approve medical or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees that: a) Gift of Time Ohio Staff shall make reasonable efforts to utilize Client's preferred facility and to provide prior verbal notice to Client; b) such use of facility and/or notice is not required; c) Client will pay Gift of Time Ohio Staff for all expenses incurred, plus any additional fees and/or time for attending to this need; d) Client will pay Gift of Time Ohio Staff for any expense and time incurred to purchase any other home/food/supplies needed for care.

3) In the event of inclement weather, natural disaster, national emergency or any other situation beyond Gift of Time Ohio's reasonable control, Gift of Time Ohio Staff is entrusted to use best judgment in caring for pet(s), plant(s), personal property and home. Client agrees to hold harmless Gift of Time Ohio staff for damages or liabilities related to any such decisions.

4) Client agrees: a) to pay Gift of Time Ohio at the rates agreed upon, which are also posted in their most current form on the Company's web site; b) to pay any expenses, charges and/or additional fees incurred by Gift of Time Ohio on behalf of Client; c) amounts in 4b shall be in addition to the posted rates; d) that Gift of Time Ohio may unilaterally update its price list at any time; e) to pay Gift of Time Ohio one hundred percent (100%) of the total value of the contracted services prior to the rendering of such services by permitting Gift of Time Ohio to charge Client's credit card(s), f) to pay a handling fee of Thirty-Five Dollars (\$35.00) for all returned checks.

5) Client may cancel any or all portion of unused or future contracted visits for a full refund by notice of said cancellation to Gift of Time Ohio. Client agrees that they shall be responsible for paying a fee equal to the revenue for all visits scheduled within 24 hours of said cancellation. Different fees apply for Holiday cancellations - see Company web site.

6) Gift of Time Ohio agrees to provide all services in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, Client expressly waives and relinquishes any and all claims against Gift of Time Ohio. Gift of Time Ohio will only enter Client's residence to provide the contracted services under this Agreement.

7) Client will provide Gift of Time Ohio with access to Client's residence sufficient to allow Gift of Time Ohio to carry out Gift of Time Ohio's obligations under this Agreement. If client fails to provide Gift of Time Ohio with such access on the date(s) of contracted service, Gift of Time Ohio will attempt to contact Client to arrange for access. If Gift of Time Ohio is unable to reach Client within one hour, Gift of Time Ohio shall be deemed to have performed all contracted services required on that date. In the event that Gift of Time Ohio is required to employ a locksmith to gain entry into Client's premises due to any emergency situation deemed necessary by Gift of Time Ohio, Client shall be responsible for all costs incurred to gain such access. Client expressly gives Gift of Time Ohio the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

8) In the event of personal emergency, illness, or unavailability, Client authorizes Gift of Time Ohio to arrange for another qualified Gift of Time Ohio Service Provider to fulfill responsibilities as set forth in the Client record.

9) Client expressly waives and relinquishes any and all claims against Gift of Time Ohio except those arising from negligence or willful misconduct on the part of Gift of Time Ohio. Client agrees to indemnify and defend Gift of Time Ohio liability, including attorney's fees, arising from any injury or damage to Gift of Time Ohio's employees, domestic workers, third parties or real or personal property of third parties as a result of actions of pet(s). Client agrees to disclose to Gift of Time Ohio any and all known pet aggression behavior.

11) Gift of Time Ohio reserves the right to terminate this Master Agreement and/or any service order at any time before or during its term if Gift of Time Ohio, in its sole discretion, determines that Client's pet(s) poses any danger to the health or safety of Gift of Time Ohio or third parties. If Gift of Time Ohio terminates because of such danger while caring for pet(s), Gift of Time Ohio is authorized to place pet(s) in a kennel, with all charges there from to be charged to Client. Client will promptly reimburse Gift of Time Ohio for any fees that Gift of Time Ohio must pay to secure such placement of pet(s).

12) Client authorizes this signed agreement to be valid approval for future services & charges of any purpose of this agreement permitting Gift of Time Ohio to accept verbal, telephone, facsimile, and/or electronic (e-mail/web) requests for services (and their assigns) and to enter premises without additional signed agreements or written authorization.

I have reviewed this Gift of Time Ohio Service Agreement, and I understand and agree to its terms.

I agree that I have requested that Gift of Time Ohio Premier Concierge LLC take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$

I understand that payment is due prior to the time of the first visit

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____

PET SITTING ASSIGNMENT INFORMATION

Date of first visit: _____

Date of last visit: _____

Number of visits per day: _____

Total number of visits: _____

Overnight: _____

Daily visits: _____

PET DETAILS

Pet 1 (Name): _____ Sex _____ Breed: _____

Date of Birth: _____ Nature: _____ Eating Habits: _____

Toilet Habits: _____ Sleeping Habits: _____

Exercise Habits: _____

INSTRUCTIONS

Feeding Instructions: _____

Medication Instructions: _____

Notes on Pet's Routine: _____

Location of Pet Food: _____ Location of Leash: _____

Location of Pet Cleaning Supplies: _____

Location of disposal of pet waste: _____

VETERINARIAN DETAILS

Veterinarian Facility: _____

Doctor's Name: _____ Phone: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Current Shots: _____ History of Biting: _____

Pet 2 (Name): _____ Sex _____ Breed: _____

Date of Birth: _____ Nature: _____ Eating Habits: _____

Toilet Habits: _____ Sleeping Habits: _____

Exercise Habits: _____

INSTRUCTIONS

Feeding Instructions: _____

Medication Instructions: _____

Notes on Pet's Routine: _____

Location of Pet Food: _____ Location of Leash: _____

Location of Pet Cleaning Supplies: _____

Location of disposal of pet waste: _____

VETERINARIAN DETAILS

Veterinarian Facility: _____

Doctor's Name: _____ Phone: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Current Shots: _____ History of Biting: _____

Pet 3 (Name): _____ Sex _____ Breed: _____

Date of Birth: _____ Nature: _____ Eating Habits: _____

Toilet Habits: _____ Sleeping Habits: _____

Exercise Habits: _____

INSTRUCTIONS

Feeding Instructions: _____

Medication Instructions: _____

Notes on Pet's Routine: _____

Location of Pet Food: _____ Location of Leash: _____

Location of Pet Cleaning Supplies: _____

Location of disposal of pet waste: _____

VETERINARIAN DETAILS

Veterinarian Facility: _____

Doctor's Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Current Shots: _____ History of Biting: _____

Pet 4 (Name): _____ Sex _____ Breed: _____

Date of Birth: _____ Nature: _____ Eating Habits: _____

Toilet Habits: _____ Sleeping Habits: _____

Exercise Habits: _____

INSTRUCTIONS

Feeding Instructions: _____

Medication Instructions: _____

Notes on Pet's Routine: _____

Location of Pet Food: _____ Location of Leash: _____

Location of Pet Cleaning Supplies: _____

Location of disposal of pet waste: _____

VETERINARIAN DETAILS

Veterinarian Facility: _____

Doctor's Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Current Shots: _____ History of Biting: _____

Additional duties (please circle those you would like to request):

Bring in mail/papers

Water plants

Put out trash cans/recycling

Turn on/off lights

Grocery shopping

Housecleaning

Other

Where can we reach you?

Address: _____

Phone: _____

Email: _____

Do you want us to email you a progress report while on vacation?

YES / NO

Do you want us to take Free pictures of your pet at play?

YES / NO

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

Additional Notes:
