Scaled Sitting & Services Pet Care Agreement

This Pet Care agreement is made as of _____Today's Date_____, by and between

_____ and _____Chelsea Richardson_____.
Your Name

1. **Time & Payment.** Pet Sitter shall care for the Pet Owner's pet(s) as identified and described below for the time period _____start date_____ until _____end date_____. In consideration for Pet Sitter's care and services, Pet Owner shall pay Pet Sitter _____In-full_____ or _____Half/Half_____ and paid via _____Cash_____ or _____Card_____. Pet Owner agrees to reimburse Pet Sitter for reasonable expenses incurred while sitting (i.e extended trip, ect.)

   Paid via Other: _____

   PAYMENT TOTAL: $_____

2. **Emergencies.** If there is an emergency, Pet Sitter will make all reasonable efforts to first contact Pet Owner. If Pet Owner is unable to be contacted, Pet Sitter shall contact the following:

   Local Contact - Full Name: _____

   Phone Number: _____

   Phone Number: _____

Recommended vet clinics: *Check your preferred clinic* or write in other on next page

Orange Grove Animal Hospital

3091 W Orange Grove Rd, Tucson AZ, 85741 (520) 877-2626 ☐

Arizona Exotic Animal Hospital

4951 Grant Road #103, Tucson AZ 85712 (520) 305-0055 ☐

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3. **Injury and Indemnification.** *If any pet(s) listed in this agreement accidentally dies, becomes ill, injured, or lost, Pet Owner waives and releases Pet Sitter from any claim arising from such an incident.* If the pet(s) bites or injures Pet Sitter, any other human or animal, Pet Owner will be responsible for any resulting injury. In addition, Pet Owner shall hold harmless and indemnify Pet Sitter against any and all costs, expenses, losses, liabilities and claims arising out of or relating to any acts of the pet(s) except if arising out of the negligence or intentional misconduct on the part of the Pet Sitter.
4. **Right to Refuse Service.** Pet Sitter reserves the right to refuse any service upon physically viewing the animal(s) or client home conditions. If client home conditions are deemed unsafe/unhealthy for the sitter and or animals Pet Sitter has the right to refuse service at any time. Pet Sitter cannot risk allowing a potentially sick animal into their home for boarding.
5. **Payment Agreement.** Pet Owner agrees to pay agreed amount, including reimbursement for additional expenses incurred; in full by end of contracted time period.
6. **Cancelations.** Please inform sitter of any date/time changes or cancelations within 24hrs.
7. **Governing Law.** The terms of this Agreement shall be governed by and construed in accordance with the laws of the State of Arizona.
8. **Entire Agreement and Amendment.** This Agreement contains the entire understanding between the Parties and supersedes and cancels all prior agreement of the Parties. This Agreement may be amended or modified only by a written agreement signed by all the Parties.
9. **Reoccurring Client Form.** This Agreement will perpetuate in full for future Party Agreements. Reoccurring client form will be used without the need to sign further paperwork.

IN WITNESS WHEREOF, this contract has been agreed on as of the first date written above.

_____	_____
Pet Owner Signature	Pet Owner Name (printed)
Chelsea Richardson	Chelsea Richardson

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Your preferred Vet Clinic: _____
If not listed on previous page

Clinic Address/Phone: _____

_____

In addition, Pet Owner authorizes Pet Sitter to seek and obtain medical attention and treatment as deemed necessary by a veterinarian. *Please initial:* _____

YES or NO Permission to take & post photos of the animal(s) to SS&S Facebook/Website

How did you hear about Scaled Sitting & Services? _____

_____

_____

_____

_____

_____

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Service Form: BOARDING AT SS&S

Owners full name: _____

Phone #: _____ Email: _____

Drop-off date: _____ Pick-up date: _____

List all animals being boarded. Please include their name and species. Feel free to list things such as favorite foods and individual information: _____

_____

_____

_____

Please list all items / supplies that are dropped off with boarding animals: _____

_____

List any medical issues/special needs/medication: _____

_____

As a precautionary step for boarding, snakes may be treated for mites on arrival.

Animal health and cleanliness are important; please do not board animals that you know are ill and may impact other animals.

_____

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Service Form: IN-HOME SITTING

Owners full name: _____

Phone #: _____ Phone # or Email: _____

Your trip departure date: _____ Trip return date: _____

Date of first/last In-Home visit: _____ In-Home visit frequency: _____

_____

Owners full address: _____

House Key: _____ Mailbox Key: _____ Gate / Door code: _____

Please list all animals in the home being cared for; including their species and name. Feel free to list things such as favorite foods and individual information: _____

_____

_____

_____

_____

Additional instructions or notes: _____

_____

_____

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