

BOWWOW/ROVER HOME PET CARE

DROP INS/WALKS

NAME: _____ DATE SIGNED: _____ SERVICE _____

DATES: _____ IF SAME EVERY WEEK, WHICH DAYS AND TIMES: _____

CLIENT ADDRESS: _____

IF DAYS VARY, CONTRACT CONTINUES INITIAL: _____ END: _____ INITIAL: _____ DATE: _____

CLIENT'S BEST PHONE NUMBER: _____ CLIENT'S BEST EMAIL: _____

EMERGENCY CONTACT: _____

VET CLINIC/PHONE/ADDRESS: _____

EMERGENCY VET/PHONE/ADDRESS: _____

EXTREME WEATHER PROCEDURE: _____

PET INFORMATION (IF MORE PETS, PLEASE CHECK BOX AND LIST ON THE BACK): _____

PET ONE - NAME: _____ AGE: _____ SPECIES/BREED: _____

SPECIFIC CHARACTERISTICS: _____ MALE/FEMALE

ALTERED/UNALTERED

MEDS: _____ FEEDING: _____

SPECIAL INSTRUCTIONS: _____

HEALTH CONCERNS: _____ BEHAVIOR CONCERNS: _____

SLEEPING ARRANGMENTS: _____ IF LEAVE WHERE DO I GO: _____

PET TWO - NAME: _____ AGE: _____ SPECIES/BREED: _____

SPECIFIC CHARACTERISTS: _____ MALE/FEMALE ALTERED/UNALTERED

MEDS: _____ FEEDING: _____

SPECIAL INSTRUCTIONS: _____

HEALTH CONCERNS: _____ BEHAVIOR CONCERNS: _____

SLEEPING ARRANGMENTS: _____ IF LEAVE WHERE DO I GO: _____

PET THREE - NAME: _____ AGE: _____ SPECIES/BREED: _____

SPECIFIC CHARACTERISTS: _____ MALE/FEMALE ALTERED/UNALTERED

MEDS: _____ FEEDING: _____

SPECIAL INSTRUCTIONS: _____

HEALTH CONCERNS: _____ BEHAVIOR CONCERNS: _____

SLEEPING ARRANGMENTS: _____ IF LEAVE WHERE DO I GO: _____

ANYONE HAVE ALLERGIES?: _____

PHOTO UPDATES?: YES NO

FEES

PER WALK/DROP IN: _____ SIGN/DATE: _____

VISITS/WALKS (TIME RANGES)

MONDAY: AM _____ MID _____ MID _____ PM _____

TUESDAY: AM _____ MID _____ MID _____ PM _____

WEDNESDAY: AM _____ MID _____ MID _____ PM _____

THURSDAY: AM _____ MID _____ MID _____ PM _____

FRIDAY: AM _____ MID _____ MID _____ PM _____

SATURDAY: AM _____ MID _____ MID _____ PM _____

SUNDAY: AM _____ MID _____ MID _____ PM _____

IF DAYS VARY, CONTRACT CONTINUES INITIAL: _____ END: _____ INITIAL: _____ DATE: _____

_____ MAIL _____ LIGHTS/ROTATE _____ WATER PLANTS _____ OTHER

KEY EXCHANGE

IN PERSON: _____ LEFT AT LAST VISIT: _____ KEPT BY SITTER: _____

TERMS

1. THIS IS AN AGREEMENT TO PROVIDE PROFESSIONAL SERVICES IN A TRUSTWORTHY & RELIABLE MANNER
2. CLIENT & SITTER AGREES ON SERVICE(S) AND PAYMENT AS LISTED
3. THERE WILL BE A \$30 CHARGE FOR RETURNED CHECKS DUE IN 30 DAYS
4. 50% PAID AT START OF SERVICE AND 50% PAID AT THE END OF SERVICE UNLESS DISCUSSED
5. CLIENT'S AGREE HOLIDAY RATES MAY CHANGE THIS CONTRACT RATE; RECEIPT AGREEMENT PROVIDED AS WELL AS A PRICE LIST
6. SITTER/OWNER ARE NOT HELD RESPONSIBLE FOR ACCIDENTS OR INJURIES
7. UPDATED COPY OF VACCINE RECORD ARE INCLUDED WITH CONTRACT

COMMENTS/CONCERNS:

PERMISSION

TO SHARE PHOTOS ON SOCIAL MEDIA SUCH AS FACEBOOK/INSTAGRAM/WEBSITE: _____

TO KENNEL: _____

SITTER/CLIENT (SIGN/DATE): _____