



(540) 649-0655 bestdognanny@outlook.com www.bestdognanny.com

CLIENT INFORMATION

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Email #: _____

HOTEL CONTACT INFORMATION:

Hotel & Phone #: _____

HOME EQUIPPED WITH AN ALARM SYSTEM YES NO

IF YES, INSTRUCTIONS AND CODES: _____

ALARM COMPANY & PASSWORD: _____

WATER SHUT-OFF VALVE / BREAKER BOX / FIRE EXTINGUISHER LOCATIONS _____

EMERGENCY CONTACTS:

Name & Phone #: _____

Name & Phone #: _____

OTHERS WHO HAVE ACCESS TO THE HOME:

Name & Phone #: _____ DO THEY HAVE A KEY? YES NO

Name & Phone #: _____ DO THEY HAVE A KEY? YES NO

REFERRAL:

We always love to hear that our clients refer us to their friends and family. If you were referred to us, please include the person's name so we can thank them!

Referred By: _____



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PET INFORMATION

PETS IN HOME:

1. _____ Dog Cat Other _____
2. _____ Dog Cat Other _____
3. _____ Dog Cat Other _____
4. _____ Dog Cat Other _____

MEDICATIONS:

1. _____
2. _____
3. _____

PET SITTING INSTRUCTIONS

Feeding Instructions: _____

Medication Instructions: _____

Exercise/Play Routine: _____

Sleep Routine: _____

VACCINATIONS

All Vaccinations must be current. If our service deems it necessary to call the vet or take your pet to the vet's office, do we have your permission to do so? YES _____ NO _____



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VETERINARIAN AUTHORIZATION

During my various absences, The Dog Nanny will be caring for my animal(s). They have my permission to transport them to and from your office. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges. I further authorize you to give out any medication information about my animal(s) to Sylvia Baldwin, the owner of The Dog Nanny.

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time.

Should you change vets, please notify The Dog Nanny before service dates.

Vet Name: _____

Pet(s) Name(s): _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____

Payment Information: _____ Exp: _____ Sec. Code: _____

OWNER SIGNATURE: _____ **DATE:** _____

URGENT VETERINARY TREATMENT AUTHORIZATION

If your vet is closed when an urgent situation arises, and you cannot be reached by phone, The Dog Nanny will transport your pet to the Veterinary Emergency Clinic in Verona or TenderCare in Fishersville, VA. All of the above requirements for permission to transport, authorization to treat, and payment for all fees and charges prior to release, apply as well.

Owner Initials _____



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PET SITTING GUIDELINES AND POLICIES

- 1. Pet Sitting** visits are 7 days a week. The latest regular visits are scheduled for 9 p.m.
- 2. Visit times:** The Dog Nanny will visit at the requested times as closely as possible. However, if we are caring for multiple pets, the times may be shifted a little to accommodate our clients. We will do our very best to arrive at the appointed times.
- 3. Inclement Weather:** In the event of inclement weather, The Dog Nanny has requested on your contract the name and phone number of a person living nearby. If The Dog Nanny is physically unable to reach your home due to impassable roads, please provide us with this information so that we can contact this person to request assistance. Your pets' health and well-being is our utmost concern and we will contact you as soon as possible to keep you informed of these events.
- 4. Additional Pet Care Assistance & Other Scheduled Services:** We all want our pets to have all the love and attention they deserve, but please be advised that if there are other persons entering and leaving your home. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, repairpersons, friends, family and neighbors. The Dog Nanny does not accept liability for other persons who will be in your home during our pet care services.
- 5. Vaccinations/immunizations:** The Dog Nanny requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations.
- 6. Unforeseen purchases:** The Dog Nanny will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and well-being of your pet while you are absent. We will retain a receipt and the pet owner is responsible for reimbursement of these items.
- 7. Pet waste:** The Dog Nanny will properly dispose of all pet waste. We do request that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed.
- 8. Leashes:** All dogs will be required to be on leash during outdoor walks.
- 9. Animal Behavior:** Animals' behavior can be unpredictable. The Dog Nanny does not accept responsibility or liability for animal behavior, normal or otherwise, which results in injury to the client's animals. Further, if The Dog Nanny employee is harmed or injured by the client's animals, the client/owner accepts full responsibility for the cost of any necessary medical attention required by either The Dog Nanny Pet Care provider or by the animals.
- 10. Fences:** Fenced in yards are wonderful playgrounds for our dogs and allow them additional space to exercise and play. However, no fence system is totally secure. The Dog Nanny does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced in area. This includes electronic, wood, metal or any other type of fence.
- 11. Other dogs:** We will not permit your dogs to interact with strange dogs. If stray dogs that are off-leash approach, we will do our best to keep interaction at a minimum and move away from them.



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PET SITTING GUIDELINES AND POLICIES CON'T

12. House Cleanliness: The Dog Nanny will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies. If there are accidents above and beyond the normal amount anticipated, The Dog Nanny will charge a reasonable fee for cleanup time.

13. Privacy Policy: All of your information will be kept private and confidential. The Dog Nanny highly respects our clients' entrusting us with the care of their home and their loving pets. We do recommend that you inform a trusted neighbor that while you are away, The Dog Nanny will be caring for your pets and your home.

14. Household Emergencies: Please leave the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units.

15. Thermostats: Please leave your thermostat settings within a normal comfortable range (68-78°F). If the house temperature is outside of this range, The Dog Nanny will adjust the thermostat. This is to ensure the health and comfort of your pets and The Dog Nanny during our time of service.

16. Early Returns/ Last-minute Changes: It is not unusual for trip plans to change at the last minute. However, please understand that The Dog Nanny carefully schedules our time to service you and our other clients. Therefore, there are no refunds or credits for early returns or last-minute changes to pet care. Once pet care begins, payment is due for the original dates scheduled.

17. Cancellations: The Dog Nanny requires a full three-day notice prior to the date of the first visit. Failure to provide notice in less than three days will result in a \$50 cancellation fee payable by the pet owner.

18. Holiday Cancellations: With the exception of severe weather, life threatening emergencies or a death in the family, Any cancellations prior to a major holiday; e.g. Christmas, New Years, Easter, and Thanksgiving with less than a 3-day notice will result in 50% of the total invoice for scheduled pet care to be paid. We request your understanding that Holiday travel is a peak service time for pet care.

19. Payment: The Dog Nanny accepts cash or checks. Payment is due at the time of or prior to the first visit. Please make all checks payable to The Dog Nanny. (\$25 returned check fee)

I, _____ have read, understand and agree to the policies and guidelines of The Dog Nanny. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of The Dog Nanny.

Pet Owner Signature _____ Date _____

The Dog Nanny Signature _____ Date _____



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PET SITTING AGREEMENT

CURRENT PRICING (as of 1/1/2016)

30 minute visit: \$11-\$14 (depending on distance)

60 minute visit: \$16

Overnight care: \$40

MAJOR HOLIDAYS: Thanksgiving, Christmas Eve & Day, Easter and Independence Day

\$5.00 extra per visit

\$10.00 extra per overnight stay

| Day Date | Monday _/_/___ | Tuesday _/_/___ | Wednesday _/_/___ | Thursday _/_/___ | Friday _/_/___ | Saturday _/_/___ | Sunday _/_/___ |
|-----------------|-------------------|--------------------|----------------------|---------------------|-------------------|---------------------|-------------------|
| Services Needed | | | | | | | |

| Service | Pricing | Number of Visits | Subtotal |
|---|---------|------------------|------------|
| Daily Visits (30 minute visit) | | | |
| Daily Visits (60 minute visit) | | | |
| Overnight Visits | | | |
| Holiday Visits (\$5.00 extra per visit) | | | |
| Holiday Overnight Visits (\$10.00 extra per night) | | | |
| *Approximate TOTAL: | | | .00 |

**For any additional, non-scheduled services, e.g. extra days on trip, late arrival, etc., the appropriate charges will be added to the total.*

ADDITIONAL SERVICES (INCLUDED FOR FREE FOR OVERNIGHT VISITS)

- Bring in Mail
- Newspapers
- Take trash and recycling out
- Day: _____
- Location: _____
- Water Indoor Plants
- Water Outdoor Plants
- Alternate Interior/Exterior Lights

I have agreed to have The Dog Nanny take care of my pet(s). I agree to pay the charges accrued for the services provided as outlined in this agreement. I understand that payment is due prior to, at the time of, or the conclusion of the first visit.

OWNER'S NAME (please print): _____

OWNER'S SIGNATURE: _____

DATE: _____

The Dog Nanny Checklist

Client Name: _____ Client Address: _____ Sitter Name: _____

Assignment Start Date & Time: _____ Assignment End Date & Time: _____

| <i>Day & Date</i> | am | | pm | | am | | pm | | am | | pm | |
|-----------------------|----|--|----|--|----|--|----|--|----|--|----|--|
| | | | | | | | | | | | | |
| DAILY | | | | | | | | | | | | |
| Arrival Time | | | | | | | | | | | | |
| Burglar alarm off | | | | | | | | | | | | |
| Food/Water | | | | | | | | | | | | |
| Medications | | | | | | | | | | | | |
| Exercise | | | | | | | | | | | | |
| TLC Time | | | | | | | | | | | | |
| Gave treats | | | | | | | | | | | | |
| Yard clean-up | | | | | | | | | | | | |
| Litter box clean-up | | | | | | | | | | | | |
| Burglar alarm on | | | | | | | | | | | | |
| Locked home | | | | | | | | | | | | |
| OVERNIGHT | | | | | | | | | | | | |
| Took Photos of Pets | | | | | | | | | | | | |
| Mail | | | | | | | | | | | | |
| Newspapers | | | | | | | | | | | | |
| Watered plants | | | | | | | | | | | | |
| Alternated lights | | | | | | | | | | | | |
| Put garbage out | | | | | | | | | | | | |
| Notes: | | | | | | | | | | | | |
| Completed daily notes | | | | | | | | | | | | |
| Departure Time | | | | | | | | | | | | |

Pet Sitter's Signature: _____ Date: _____

