

No Stress Pets

Home Pet Sitting Service



Donnie & Margaret Thornton

Phone: (478) 397-1327/1326

www.nostresspets.com

Email: donnie@nostresspets.com

Name			Address			
Phone			E-mail			
Your Veterinarian						
Pet's Name	1	2	3	4	5	
Species						
Age						
Color						

Policies and Procedures

- **Pet Care:** No Stress Pets will provide routine care for your pet(s) in your absence. This includes some or all of the following according to your direction: feeding, watering, brushing, leash walk, scooping of waste, and toy playtime.
- **Scheduling and Visit times:** If an unforeseen situation arises, the time interval may be adjusted.
- **Medication/Vaccinations:** I will administer medications as directed but cannot be held responsible for complications that arise as a result. We require that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see proof of rabies vaccination.
- **Pet waste:** We will properly dispose of your pet(s) waste. We do request that you provide plastic bags for this purpose and indicate where you would like these waste bags to be disposed.
- **Collars/Leashes:** Dogs will be walked on leashes only.
- **Fences:** No Stress Pets does not accept responsibility or liability for any clients' animal that escapes or become lost or injured, fatal or otherwise, when instructed to leave the client's animals outside or in a fenced area. This includes electronic, wood, metal or any other type of fence.
- **House Cleanliness:** No Stress Pets will clean up after your pet(s) to the best of our ability. No Stress Pets is not responsible for damages or stains created by your pet(s).
- **Thermostats:** Please leave your thermostat settings within a normal comfortable range (65-78° F). If the house temperature is outside of this range, we will adjust the thermostat to ensure the health and comfort of your pet(s).
- **Early Returns/Last minute Changes:** There are no refunds or credits for early returns or last minute changes to pet care.
- **Key Pick-up/Drop-off:** Keys will not be hidden for client retrieval upon return.

Agreement

- No Stress Pets agrees to provide care for your pet(s) in a reliable, caring, and trustworthy manner.
- I authorize No Stress Pets to perform pet care services for the pet(s) listed on this contract.
- No Stress Pets accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.
- I agree to reimburse No Stress Pets for any additional fees for any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
- Customer will be responsible for all medical expenses and damages resulting from an injury to other persons by the pet(s), except those arising from proven negligence of No Stress Pets.
- **Urgent Veterinary Treatment Authorization:** I authorize No Stress Pets to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s) listed on this contract. No Stress Pets reserves the right to utilize the services of any available veterinary clinic. Most veterinary clinics do not provide emergency treatment and rely on the Emergency Veterinary Clinic in Niceville, Florida.

Pet Sitting Schedule

- 1 Visit per day AM only PM only Duration of visit: ½ hour (\$12) Full hour (\$20)
- 2 Visits per day Duration of visit: **AM** ½ hour (\$12) Full hour (\$20) **PM** ½ hour (\$12) Full hour (\$20)

For trips over 15 miles a fuel charge of \$5 per visit will be charged. Address is less than greater than 15 miles distance.

Start Date: _____ Time: AM _____ PM _____

End Date: _____ Time: AM _____ PM _____

- Specific dates only: (List each date and time)

Total for services listed above: \$ _____

Payment: No Stress Pets accepts cash, checks and credit cards via PayPal. **Payment is due prior to services being rendered unless otherwise agreed upon.** Checks should be made payable to **Margaret Thornton**. There is a \$35 fee for all returned checks. Clients are responsible for all costs of collections.

No Stress Pets' Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

****Visits will continue until confirmation of your arrival at home. ****