

Client Information

Client's (Dog Owner) Name: _____

Street Address: _____ City _____

State/Zip: _____ Land Line (if applicable) _____

Cell Phone #1: _____ Cell Phone #2: _____

EMERGENCY CONTACT INFORMATION: (FAMILY OR FRIENDS) This must be someone who can make decisions on your behalf:

Name: _____ Land Line (if applicable) _____

Cell Phone #1: _____ Cell Phone #2: _____

PLEASE LIST ANY OTHERS WHO HAVE PERMISSION TO PICK UP YOUR DOG(S) or MAKE DECISIONS ON YOUR BEHALF:



Vet Information



Client's Vet Clinic's Name: _____ Phone: _____

Vet Clinic's Address: _____

Please provide proof of vaccinations if you haven't already done so: Rabies, Distemper, Parvo, Bordetella (must be current at least 10 days prior to boarding)



Dog Information



Print/Complete Pages 2 thru 4 for EACH Dog

Dog Name _____ Breed _____ Weight _____
Age/Birthdate _____ Color _____ Sex M/F: _____
Fixed Y/N: _____



Dog Temperament Information



Does your dog like new people? _____

Does your dog like other dogs / animals? _____

Has your dog bitten before? Y/N _____ Bitten another dog? Y/N _____

Bitten a Person ? Y/N _____ Or other animals?: Y/N _____

Explain situation that provoked bite: _____

Has your dog ever shown food aggression? _____

Are there any areas on your dog's body that they don't like touched? _____



Dog House Manner Information



Is your dog potty trained to go OUTSIDE? Y/N _____

On a scale from 1 to 4, please rate how often your dog has accidents in the house:

1 = frequently 2= occasionally 3= once in great while 4=Never: _____

Has your dog ever stayed away from home before? _____

If so, how did they do? _____

Does your dog suffer from separation anxiety? _____

Does your dog have any fears we need to be aware of (Storms, Vacuums, etc):

How do you handle those fears? _____

Does your dog paw at doors/gates to get out (if confined to An area by themselves)?

Does your dog Chew on items other than toys (furniture, trim, carpet, electric cords, etc?)

Is your dog hyperactive? (does your dog bounce on the walls if confined in an area)

Can your dog jump a six foot privacy fence? _____

Does your dog dig to get out? _____

Is your dog crate trained? (We don't use crates, but this tells me about their personality ... although, I can use a crate if requested by owner)

Does your dog sleep with you at night? _____

How would you rate your dog's noise level? 1 = barks at nothing all the time 2 = barks if left alone 3 = barks only if see hears/sees something 4= barks some, but is quite at night 5 = rarely barks at all _____



Medications (if applicable)



Is your dog on any Medications? If so, please list medications and what they are for?

How well does your dog take his medication? _____



Tell me more about your Dog



Please tell me a little about your dog? _____

Please tell me a little about your dog's daily routine? _____

Pet Sitting Service Agreement



This document is an agreement between Always About Pet LLC and the Client (Owner). Always About Pets LLC and/or its representatives will be hereinafter be referred to as “AAP” and Client (Owner) referred to as “Client”. AAP and Client agree to the following terms and conditions.

AAP is authorized to perform care and services as outlined in this agreement. The terms of this agreement shall apply to any and all dogs owned by the Client, including any and all new pets that the Client obtains on or after the date this document is signed.

1. Services

AAP shall provide the following services for the Client in accordance with the terms and conditions of the agreement. Services include but are not limited to: overnight/daytime pet sitting at AAP location(s), including but not limited to AAP Owner’s private home; crating; feeding; watering; playing/exercising; potty breaks; administering Medication/Treatments; providing messages and/or photo updates.

2. Prices and Payments

Client agrees that full payment is due upon Drop-Off of dog(s). Services will not be provided until payment is made in full. If Client collects the dog(s) before the confirmed end date of booking, Client agrees that they will NOT receive a refund.

Rates. Prices are subject to change. Client should confirm the rates for requested services at the time of booking. AAP will honor the rate given when the booking was made.

Acceptable Forms of Payment. Payments must be made in the form US Cash Dollars.

Special Charges. AAP reserves the right to request a deposit in advance of booking services. Should AAP request a deposit, and Client cancels their booking, for whatever reason, within 4 days of their booking, their deposit is non-refundable.

3. Cancellation / No Show Policy

Client Cancellations/No Shows. Client agrees to give AAP a 4-day advance cancellation notice for booked services. Failure of Client to provide a 4-day advance cancellation notice will result in Client owing for the entire booked stay. If Client refuses to pay for booked services, client will not be allowed to book in the future until balance is paid in full. Repeat offenders (*depending on frequency and situation*) will either 1) be required to pay a 100% deposit (*See special charges section*) upon Booking in the future or 2) will not be allowed to book again.

AAP Cancellations. AAP agrees that if AAP cancels a Client’s booking prior to or during the service period identified in the booking, AAP will refund fees paid by the Client for services not provided.

4. Information and Communications

AAP may contact Client via phone, text, email, or other means for any purposes regarding dog(s) care. This includes but is not limited to booking information, scheduling, confirmations, questions, updates on care, relevant travel information, emergencies, permissions, and payments.

AAP will not release or share Client's or provided emergency contact's private information unless required in an emergency or with the permission of Client.

In the event Client deactivates a phone number, email, or other mode of communication provided to AAP, Client agrees to update their information promptly.

AAP retains ownership of and all rights to photos taken of Client's pets during provision of services. Photos may be replicated, modified, published, and used for marketing materials such as website content, advertisements, brochures, etc.

5. Responsibilities and Liabilities

AAP agrees to provide the services stated in the agreement in a reliable, caring and trustworthy manner. AAP will not be liable, financially or otherwise for injuries to Client's dog(s), Client or any of Client's property while Client's dog(s) is in the care of AAP. Client waives and relinquishes any and all claims against AAP, except for those arising from the negligence of AAP.

Client will be held solely responsible for any all acts of dog(s) behavior including aggression that takes place during services. In the event AAP or a third-party (another pet or person) is bitten or injured by Client's dog(s), Client agrees to pay all medical expenses, costs and lost wages incurred by AAP or third-party due to such injury.

AAP has relied upon Client's representation that Client's dog(s) is in good health and has not been exposed to Rabies, Distemper, Bordetella or any other communicable diseases within a 30 day period prior to any services. Client will inform AAP of any changes in dog(s) condition and behavior prior to any subsequent services.

Client's agrees that while AAP does provide 24-hour care, there will be times when Client's dog(s) will be left alone in such cases as appointments, errands, etc. Dog(s) will be contained to an area during this time. Dog(s) that need constant monitoring should not stay at an AAP location.

Client understands that Dog(s) will let be out several times a day to potty/exercise in AAP's 6ft completely fenced in area. AAP has made every effort to ensure enclosure is safe and doggy proof. AAP will make every effort to monitor dog(s) while outside. Client agrees that AAP will not be held liable in any way if Client's dog(s) digs, jumps or eats thru the enclosure. Client agrees that if dog(s) should damage the enclosure that Client will be financially responsible for any repairs thereof.

Client releases AAP and waives all claims and liability against AAP for, damage to, or loss of, personal equipment or belongings provided by Client during service period. Any personal equipment or belongings not picked up within 1 month of check out date will be 'donated' to AAP. AAP reserves the right to remove, from dog(s), any personal equipment or belongings that may be deemed a hazard.

Client agrees that they are liable for any furniture damage, wall damage, trim damage, gate damage and carpet damage as a result of their dog(s) chewing or destructive behavior.

Client agrees that AAP reserves the right to refuse service at its discretion.

Client agrees that dog(s) has not injured or shown aggression or threatening behavior to any person.

Client agrees that AAP reserves the right to separate paired pets into separate areas (or Crate, if a separate area is not available) if pets are deemed to be a safety risk to each other.

While AAP does its best to prevent the spread of infection, illness or communicable disease, Client understands that there is always an inherent risk that Client's dog(s) might contract an infection, illness or communicable disease from being in close group setting with another dogs. Client agrees that AAP, their owners, staff, partners and volunteers will not be held liable, financially or otherwise for any illnesses, infections and/or communicable disease Client's dog(s) may contract while dog(s) is in the care of AAP.

Client agrees if dog(s) shows any signs of fleas or ticks during service period, AAP may flea dip and/or apply Flea preventative to dog(s) and Client will be charged accordingly.

6. Abandoned Pets

If Client does not pick up dog(s) within 7 calendar days after the day the dog(s) was due to be picked up, the dog(s) shall be deemed abandoned. AAP will place the dog with a Person of Care who will care for the dog(s) for a period of not less than 14 days to find a new owner for the dog(s). If Person of Care is unable to place the dog(s) with a new owner, the abandoned dog(s) shall thereafter be turned over to a local Animal Shelter.



This Contract contains the entire agreement between AAP and Client. All terms and conditions of this Contract shall be binding on the heirs, administrators, personal representatives and assignees.

Disputes. Any controversy or claim arising out of or relating to this Contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Contract, shall be settled in a Court of Law.

By signing this Contract and leaving Client's dog(s) with Always About Pets LLC, Client certifies they have read and agreed to the above Per Sitting Service Agreement (Pages 5-8) and to the accuracy of all information given about Client (Owner) and said Dog(s) (Pages 1-4 ... Note: Pages 2-4 may be duplicated for multiple dogs).

Signature of Client (Owner) _____ Date _____

Print name: _____

Veterinary Release



The safety and wellbeing of your dog is of highest importance. In the event that a medical emergency arises while your dog is under the care of Always About Pets LLC, it is imperative that we are immediately able to get them medical treatment at the closest veterinarian. AAP will always attempt to contact Client, or Client's emergency contact, first for instructions. However, if unavailable, Client's dog will be rushed to the closest available facility for treatment. This form will expedite the process of the dog receiving medical treatment. The Client, or Client's emergency contact, will be contacted again after your dog receives medical attention.

In the event of a medical emergency, which Always About Pets LLC has sole discretion to deem as an emergency, the Client authorizes Always About Pets LLC to seek medical attention at the closest available veterinary facility.

I, _____, give permission to the attending veterinarian to diagnose and treat my dog.

The Client agrees that they are financially responsible for any medical treatment their dog receives as a result of a medical emergency. The Client agrees to reimburse AAP for all veterinary services rendered to the dog should a medical emergency arise.

Signature of Client (Owner) _____ Date _____

Printed Name _____