



(888) MR-BIG-PAW
(303) 498-9958

PO Box 19452
Boulder, CO 80308

www.BigPawServices.com

SERVICE AGREEMENT

Pet Sitting, Walking, Hiking, and Running

Your name: _____	
Address: _____	

Home Phone: _____	Cell Phone: _____
Email: _____	Wireless Password: _____

In case of pet medical emergency, who is your current veterinarian?

Name: _____

Address: _____

Phone: _____

Emergency contact name: _____ **Relation:** _____ **Key Y / N**

Phone: _____

Should Big Paw Services [BPS] be expecting anyone at your home or in your home during your absence? Y / N

If yes, Who? _____

Alarm system? Y / N For your security do not write your code here. Please give it to the BPS at the initial consultation.

Alarm company's name & phone: _____

Alarm instructions: _____

Keys

BPS prefers to keep client keys on file to simplify arrangements for future visits. Scheduling key pick-ups after consultation will incur extra charges. Please have a spare key made and ready before our scheduled consultation (for your security, it is advised to have it made as a "do not duplicate" key). **Please initial preference below.**

_____ I release my house keys to BPS to retain on file in a secured location for future services. I may revoke this release at any time, at which time my keys will be returned. **No charge**

_____ I would like my house keys left in a pre-assigned hiding place outside of my home (lockbox, etc). **No charge**

_____ I would like my house keys left in my home after the current service is completed. I understand there will be a \$10 charge for key pickup for future services.

Entrance location: _____

Additional instructions/comments: _____

If you need more room, please use the other side of this page or an attachment.

PET INFORMATION (for additional pets please reprint page 2 and fill out information per pet)

Pet's name: _____ Date of birth: _____ Weight: _____

Breed: _____ Male / Female Neutered / Spayed / Unaltered

When were last vaccines given?

DHLPP: _____ Rabies: _____ Lyme: _____

Is your pet micro-chipped? Y / N **Chip #** _____ Registry company: _____

Is your pet licensed in Colorado? Y / N **License #** _____

Is your pet currently on medication? Y / N If yes, what medication is your dog taking and what is being treated?

Will the BPS need to administer medication(s)? Y / N If yes, please give detailed instructions:

Does your pet have any allergies? Y / N

If yes, please list allergen(s): _____

Please list allergy symptom(s): _____

Is there anything in particular we should be aware of while pet sitting your pet (i.e. health issues, bad/good habits, etc.)?

Any exercises restricted by veterinarian? _____

Please circle all known commands:

Sit Stay Heel Wait Come Leave it Off Down

Others: _____

Does your pet have any fears/phobias/aggression issues? Y / N

If yes, explain: _____

Has your pet ever bitten a person or another animal? Y / N If yes, please explain circumstances: _____

Where will your pet be at the arrival of the BPS (i.e. house, crate, yard, etc.)? _____

Where would you like your pet left afterwards (i.e. house, crate, yard, etc.)? _____

Do you use anything other than a collar and leash when walking your pet (i.e. harness, Halti/Gentle Lead, pinch/prong collar, etc.)? _____

Where do you keep your dog walking items?

Leash _____

Waste Bags _____

Other _____

Will your pet need to be fed? Y / N If yes:

Feeding Time _____

Food location _____

Food quantity _____

ADDITIONAL INSTRUCTIONS OR NOTES (meal times): _____

TERMS & CONDITIONS

This service contract agreement is dated from the _____ of _____, 20____ until _____ of _____, 20____,
day month year day month year

between BPS and _____
pet guardian

The parties herein agree as follows:

- 1) BIG PAW SERVICES [BPS] is authorized to perform care and services as outlined in this contract. BPS representative is also authorized to seek emergency veterinary care with release from all liabilities related to transportation, treatment, and expense. Should specified veterinarian be unavailable, BPS representative is authorized to engage the services of the veterinarian of their choice. If client cannot be contacted in a timely manner, BPS representative is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse BPS representative / BIG PAW SERVICES for expenses incurred, plus any additional fees for attending to such emergency, as well as expenses incurred for any other home/pet supplies needed.
- 2) In the event of inclement weather or natural disaster, BPS representative is entrusted to use best judgment in caring for pet(s) and home. BPS representative / BIG PAW SERVICES will not be liable for consequences related to such decisions.
- 3) I (or your homeowner's insurance) will be responsible for any injury (i.e. pet bite, scratches requiring medical attention) to BPS representative due to aggressive pet(s) or condition of premises.
- 4) BPS, its employees, and independent contractors agree to provide the services stated in this contract in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said BPS representative or BPS except those arising from negligence or willful misconduct on the part of the BPS representative.
- 5) All pets must be fully vaccinated and licensed by their city.
- 6) I understand that this contract is for pet sitting only and will not include any training.
- 7) In the event of personal emergencies or illnesses, BPS will do their best to notify client as promptly as possible and compensation will be given to client either by refund or credit to future services.
- 8) I understand that this contract also serves as an **INVOICE** and I take full responsibility for prompt payment of fees. A handling fee of \$20 will be charged on all returned checks.
- 9) Payment is required up front and must include any additional fees or charges. Check or cash is accepted at this time and can be made out to BPS. Client understands this contract and takes responsibility for prompt payment of fees.
- 10) I further authorize this contract to be valid approval for future services permitting BPS to accept my telephone or email reservations for other services and enter my promises without additional signed contracts or written authorizations, however an invoice stating the new or additional service will be created and delivered to me.
- 11) **Total agreed upon** payment is also detailed in the **invoice** stating total payment due, type of service, and specific term dates.
- 12) **Cancellation Policy:** A minimum of 24 hours cancellation notice is required, except in the case of extreme emergency. Cancellations made within 24 hours of scheduled appointment will be charged at the full rate. If client desires a total cancellation of all pet sitting dates and services with BPS, please make these wishes known in writing either by mail or by email to receive your reimbursement for services unrendered.
- 13) BPS reserves the right to terminate this contract at any time before this term.

I HAVE REVIEWED THIS SERVICE CONTRACT AGREEMENT FOR ACCURACY AND UNDERSTAND THE CONTENTS OF THIS FORM

X _____
Sign name Pet Guardian

X _____
Print Name Pet Guardian

X _____
Today's Date Pet Guardian