

## Pet Sitting/Boarding Agreement

This is a pet sitter/boarding agreement between: Keiko Wagner (sitter) and \_\_\_\_\_ (pet owner), dated: \_\_\_\_\_, 20\_\_\_\_.

Pet owners full name: \_\_\_\_\_.

Pet owner's physical address: \_\_\_\_\_

\_\_\_\_\_, Hawaii \_\_\_\_\_.

Contact information:

Phone number (1): \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Phone number (2): \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Pet Name(s)

1. \_\_\_\_\_ Male/Female

Special needs? \_\_\_\_\_

2. \_\_\_\_\_ Male/Female

Special needs? \_\_\_\_\_

3. \_\_\_\_\_ Male/Female

Special needs? \_\_\_\_\_

4. \_\_\_\_\_ Male/Female

Special needs? \_\_\_\_\_

Pet sitting/boarding service needed from: \_\_\_\_\_, 20\_\_\_\_ thru \_\_\_\_\_, 20\_\_\_\_.

for a total of \_\_\_\_\_ days/nights. Owner agrees to pay a total of: \$\_\_\_\_\_ per day/night for \_\_\_\_\_ pet(s).  
50% deposit required at time of drop off: Balance due upon pick up.

Deposit amount of: \$\_\_\_\_\_ due by \_\_\_\_\_, 20\_\_\_\_.

Balance amount of: \$\_\_\_\_\_ on pick up date: \_\_\_\_\_, 20\_\_\_\_.

# PET HEALTH HISTORY FORM

Veterinarian Contact Information:

Practice/Clinic Name: \_\_\_\_\_

Doctor Preference? Yes / No **IF YES, DOCTORS NAME:** \_\_\_\_\_

Address of Veterinarians' Office: \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

24 HOUR CARE FACILITY PREFERNCE: **YES / NO IF YES, WHERE?** \_\_\_\_\_

Address of Emergency Care Facility: \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In case of an emergency, pet sitter will:

- 1: Contact owner at the above mentioned contact information and follow owners instructions.
- 2: If sitter is unable to contact owner, sitter will then: Take pet to above mentioned veterinarian and follow their instruction and guidelines. Sitter will continue to make attempts to contact the owner regarding treatment, diagnosis, etc.
- 3: Veterinary expenses are the sole responsibility of the owner. Be sure to make prior arrangements with your vet in case services are needed. Any expenses paid for the by the sitter must be reimbursed at 100% at the time of pick up.

Keiko Wagner (sitter) will be released from any and all liability of pet illness, injury, death or any other unfortunate situation that may arise during her care. By signing this agreement, both parties agree to the above mentioned terms and conditions.

\_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_

Keiko Wagner, Pet Sitter

\_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_

Please print name: \_\_\_\_\_, Owner of pet(s).