



Country Companions Pet Sitting

DOG WALKING AGREEMENT

Name:

Address:

.....

Home Tel: Mobile:

Email:

EMERGENCY CONTACT DETAILS

Should we be unable to contact you, please list a person who can make a decision concerning your pet and your property in your absence. This could mean a decision regarding medical treatment such as emergency or euthanasia.

Please ensure your nominated person knows you have nominated them!

Name Relationship

Telephone Mobile.....

Address Email

PROPERTY SECURITY

No liability can be attached to Country Companions Pet Sitting if a third party shares access to the property or pets between the times and dates stated on the contract.

Please list below, any other key holders who have access to your home:

.....

.....



Country Companions Pet Sitting

KEYS

I have released a set of house keys to sitter **YES/NO** Date

Client signature

Petsitters signature

I have returned the above set of house keys to client **YES/NO** Date

Client signature

Petsitters signature

VETERINARY AUTHORISATION DETAILS

Veterinary Surgery:

Address:

Telephone No:

Surgeons Name

During my absence, I have given permission for RAELENE GAMMIE of Country Companions Pet Sitting to act as guardian for my pet/s as named on the Pet Information forms.

I AUTHORISE THE ABOVE VETS TO TREAT MY PET/S IN CASE OF ILLNESS.

I understand I will be responsible for any veterinary charges that may be incurred.

Please take any action suitable in order to keep my pets in good health.

I give the pet carer (Raelene Gammie) permission to transport my pets to the named vets.

I agree that in the event of surgery or euthanasia the pet sitter will accept the advice of the vet and the above emergency contact will be used.

Name Signature Date



Country Companions Pet Sitting

I AUTHORISE RAELENE GAMMIE OF COUNTRY COMPANIONS PET SITTING ANY ACTION THAT THEY CONSIDER SUITABLE IN ORDER TO PROTECT AND KEEP MY PET IN GOOD HEALTH.

I CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED PET(S), (EXCEPTING THIRD PARTY LIABILITY) AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL BE ATTACHED TO THE PET SITTER.

SIGNATURE

I wish my dog/s to be walked on the following days:

Mon..... Tues..... Wed..... Thur..... Fri..... Sat..... Sun.....

Dog Walking times to be agreed upon by client and walker

PAYMENT

PAYMENT IS REQUIRED AT THE END OF EVERY CALENDAR MONTH

Payment to be made via cash, cheque or bank transfer - cheques are to be made payable to Country Companions Pet Sitting, bank details can be found on your invoice.

I agree to pay the fee of £7.50 per 30 min walk

Clients name Clients signature

Petsitters signature Date.....



Country Companions Pet Sitting

HOW DID YOU HEAR ABOUT US?

Word of Mouth/Referral

Internet Search

Internet/Online Directory

Flyer Drop