



Country Companions Pet Sitting

PET VISITING/SITTING AGREEMENT

Owners Name:

Address:

Home Tel. Mobile

Email Address

Names of ALL pets being cared for:

1. 2.

3. 4.

5. 6.

CONTACT DETAILS

Name & address of where you will be staying while we are caring for your pet/s

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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

Tel Mobile



Country Companions Pet Sitting

PROPERTY SECURITY

I understand that no liability can be attached to Country Companions Pet Sitting if a third party shares access to my property or pets.

Please list below, all who have access to your property in your absence

- 1.
- 2.
- 3.
- 4.

Client Name

Client Signature

KEYS

I have released a set of house keys to sitter

YES/NO

Client signature

Pet sitters signature

I have returned the above set of house keys to client

YES/NO

Clients Signature

Pet sitters signature



Country Companions Pet Sitting

VETERINARY AUTHORISATION DETAILS

Veterinary Surgery's Name

Address

Telephone No

I authorise the above vets to treat my pet/s in case of illness

I have given the pet carer permission to transport the above pets to the named vets & to take any action suitable in order to keep my pets in good health.

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

Name Signature

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 (EXCEPT FOR THIRD PARTY LIABILITY AND IF SO, I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND). I ALSO UNDERSTAND THAT NO LIABILITY WILL BE ATTACHED TO THE PET SITTER.

SIGNATURE

FULL PAYMENT IS REQUIRED BEFORE START OF SERVICE

I agree to pay the fee of: £

First day of service:

Last day of service:

Approx. departure time:

Approx. return time:

Clients name:

Clients signature:

Petsitters signature:

Date: