



## 4 Paws of Mercer Pet Care Unlimited

### **PET SITTING SERVICES CLIENT AGREEMENT AND INFORMATION**

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Location of Extra Key: \_\_\_\_\_

Alarm deactivation Code: \_\_\_\_\_

Alarm activation Code: \_\_\_\_\_

Alarm company Name: \_\_\_\_\_

Alarm company Phone: \_\_\_\_\_ Password \_\_\_\_\_

I agree that I have requested that 4 Paws of Mercer take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$

**I understand that payment is due at or prior to the time of the first visit**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_

**PET SITTING ASSIGNMENT INFORMATION**

Date of first visit: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Number of visits per day: \_\_\_\_\_

Total number of visits:

Overnight: \_\_\_\_\_

Daily visits: \_\_\_\_\_

Additional duties :

Where can we reach you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Extended Care:

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_