



All Animals Considered
Professional Pet Sitting and Dog Walking

Potential Clients:

Filling out these forms beforehand will help save time and allow more time for me to meet and become more familiar with your pet.

Please read the information thoroughly while filling out the paper work. Don't worry about giving too much information-- I like to know as much beforehand about your pet as possible so feel free to add as many details as you like.

You can either fill out the form online and e-mail it back (allanimalsconsidered@gmail.com), or fax it to 512-382-7868. We will go over the contract and rates when I arrive, so leave the first page blank. Please make sure you agree to the terms of service before we meet.

IMPORTANT: Filling out the forms does **not** guarantee you service until I have met you and your pet and made sure the arrangement is mutual and the pet and I are compatible.

If you do not receive an email or phone call within 24 hours after faxing or e-mailing us the material, please call us at 866-910-9108 in case there is a problem with internet or fax service.

Michael E. Taylor, Owner
All Animals Considered
P.O. Box 10925
Austin, TX 78766-1925-1925
allanimalsconsidered@gmail.com
www.allanimalsconsidered.com



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All Animals Considered Service Contract

This contract is made by All Animals Considered (to be referred to as AAC) of Austin, TX, owned by Michael E. Taylor, and _____, an individual (to be referred to as CLIENT), residing at:
Address: _____ Home Phone: _____ Business: phone: _____
Emergency Phone(s): _____ Mobile Phone(s): _____
Email(s): _____

PET CARE

- 1. I (CLIENT) authorize AAC to perform pet care services as outlined on the "House and Pet Information Sheet" which shall become part of this contract.
- 2. If the pet(s) become ill while under the care of AAC, I authorize the sitter designated by AAC to care for my pet(s), to transport my pet(s) to my veterinarian (or one who is available) if this is needed in his/her best judgment. I authorize AAC to approve any emergency treatment recommended by the veterinarian and I agree to pay promptly for charges incurred. I release AAC from all liabilities related to transportation, treatment, and expense.
- 3. In the event of severe weather, I authorize the sitter assigned by AAC to use his/her best judgment in caring for my pet(s) and home.

PAYMENT

- 1. Pet care services will be provided at the rate of \$ _____ per visit/ per weekly/ or per monthly rate. Rates for subsequent services are subject to change. During peak holiday times, an additional surcharge may be applied per visit. Payment is due at time of service.
- 2. If CLIENT returns before scheduled visits are complete, or for any reason no longer requires the Services of AAC, and fails to adequately notify AAC of such, any visit or trip resulting from such failure to notify shall be compensated at the above rate. PET SITTING CANNOT BE GUARANTEED if client notifies AAC that additional visits to pet(s) are needed after scheduling has been agreed upon.
- 3. CLIENT agrees to reimburse AAC for any additional fees for tending to emergency or veterinary care as well as expenses incurred for any other unexpected home, food, or other special needs.
- 4. Payment is due at time of service. If additional visits are required that are not included in the original scheduled agreement, CLIENT will pay for the additional visits within five (5) days of their return.
- 5. AAC will be unable to care for pets until the balance is paid in full if there is an unpaid balance of over thirty (30) days for pet care. If the unpaid balance remains delinquent beyond the thirty-day period, CLIENT understands that a finance charge of 5% per month will be added to the unpaid balance. There will be a \$25.00 handling charge for checks returned for any reason. Clients with a history of late payment will be required to pay in advance before services are rendered.
- 6. Payment may be made by check, cash, MasterCard, Visa, & Discover.
- 7. Cancellations must be made at least 72 hours prior to scheduled service (or 7 days during peak holiday season) for a full refund. For late cancellations, 90% of the balance, excluding holiday surcharges, will be credited for future use. Applicable holiday surcharges will not be refunded if cancellation not given within 7 days of scheduled service.

LIABILITY

- 1. Customer expressly waives and relinquishes any and all claims against AAC, its independent contractors and associates, except those arising from negligence on the part of AAC.
- 2. It is expressly understood and agreed that AAC shall not be held responsible for any damage to CLIENT'S property, or that of others, caused by CLIENT'S pet(s) or others allowed in the home during the period in which they are in its care. I have advised AAC of other situations that will relieve it of liability for damage.
- 3. It is expressly understood and agreed that AAC shall not be held responsible for any damage to property by any other person who has access to property.
- 4. If a dog has a history of biting, AAC reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for the sitter's medical care expenses and damages that result from an animal bite.

FURTHER SERVICES

I authorize this contract to be valid approval for future services so as to permit AAC to accept my telephone reservations and enter my premises without additional signed contracts or written authorizations.

CLIENT _____ DATE: _____ AAC _____ DATE: _____



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Information Sheet

Today's date _____

How did you hear about us? _____

Dates of Service Time of Visits Number of Visits per Day

Who else has access to your house? (housemaid, relative, neighbor)? Do they have a key?

Name Address Phone Number(s) Key?

Who may be in the home while service is being provided? Should phone and/or door be answered while we are in your home?

Supplies (trash bags, cleaners, etc.) _____

Lights/ Shades to be alternated _____

Alarm/Gate Code and Instructions _____

A/C, Heat Information _____

Trash Day/ Recycling _____

Bring in Mail/ Papers _____

Water Plants? (specify which plants and how often) _____

Other _____

FEEDING INSTRUCTIONS: Storage of food, brand, wet/ dry/ semi-moist. What time of day for feedings, amount of food to give, how many times per day, what dishes to use, where is pet fed?

CLEANING INSTRUCTIONS: Does pet ever have accidents? What usually causes them? How do you clean up the mess? Where do you keep litter, box liner? (FOR DOGS PLEASE LEAVE PLASTIC SANDWICH BAGS FOR USE TO PICK UP SOLIDS OUTSIDE).



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OUTDOOR INSTRUCTIONS (DOGS): Where is leash, where to walk, how far to go, any animals or people the pet should stay away from, where to put “used” plastic bags, is the pet leash-trained, problems going outside in bad weather.

INDOOR INSTRUCTIONS: Where is pet allowed (furniture, bed, etc)? Does the pet have any hiding places? If so where?

****VETERINARIAN INFORMATION****

Name: _____ Phone: _____
Address: _____

MEDICATION: Where is it stored, name, dosage, pill, or liquid? What time of day, how many times per day, does pet take it well? (If necessary, demonstration by client how to administer)

IN THE EVENT YOUR PETS ARE ACTING UNUSUAL (examples: not eating, reclusive, combative)

- Contact the client immediately
- Trust our judgment

IN THE EVENT YOUR PETS ARE OBVIOUSLY SICK (example: not eating, throwing up, labored breathing, foreign matter in litter box)

- Contact client first
- Take pet to the vet



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Pet Information Sheet

Pet Number 1 Information:

Name: _____

Breed/Color: _____ Sex/Age: _____

Playing/Exercise: _____

Vaccines current? If not, due date? _____

Physical/Behavioral Description: _____

Other: _____

Pet Number 2 Information:

Name: _____

Breed/Color: _____ Sex/Age: _____

Playing/Exercise: _____

Vaccines current? If not, due date? _____

Physical/Behavioral Description: _____

Other: _____

Pet Number 3 Information:

Name: _____

Breed/Color: _____ Sex/Age: _____

Playing/Exercise: _____

Vaccines current? If not, due date? _____

Physical/Behavioral Description: _____

Other: _____

**Attach additional sheets for additional pets, if necessary*



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Veterinarian Notification

During my absence, a representative of our pet sitting service, All Animals Considered, will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment upon my return.

Please file this notification with my records.

Pet Owner _____ **Date** _____

Pet Names(s) _____



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P.O. Box 10925
Austin, TX 78766-1925
866-910-9108

Key Release Form

I authorize the representative of the pet sitting service to use my house key(s) during the time she/he will be caring for my pets. If the pet sitting service company (AAC) does not keep my keys on file after the first two series of visits, AAC will apply a surcharge of \$_____ for picking up the keys and also for returning the keys.

Please indicate by checking the appropriate box before visits occur:

- Return my keys to me either by mail or in person upon my return.
- Keep my keys for future visits until further notified.
(preferred by most customers, as it is more time and cost effective)

*We prefer that two house keys be left with us at the initial consultation. One remains in our office safe, and the pet sitter who is designated to you will keep the other. Both keys are coded in a non-obvious manner to ensure your security.

Client Signature _____ Date _____



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CONTRACT ADDENDUM: RETURN NOTIFICATION AGREEMENT

I will notify AAC when I return home by either phone or email, otherwise AAC will continue service for the animals' well-being and I will be responsible for the additional fees.

IMPORTANT: We do this in the best interests of your pets, so please read and agree to the above terms! Otherwise, we will bill for additional visits.

All Animals Considered

Client

Date

Date

SERVICE CONTRACT ADDENDUM: OUTDOOR PETS

All Animals Considered or its representatives are not responsible for the health and/or well being for any pets having access to leave the confines of the house or fenced, pet-proofed yard.

All Animals Considered or its representatives are responsible for only providing daily food and water for the following outdoor pets:

All Animals Considered

Client

Date

Date



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Dog Walking Contract Addendum:

All Animals Considered & its representatives take the safety of your dogs and our sitters/walkers extremely seriously. Please help us in doing so by providing the following supplies/information:

- A secure collar (preferably a Martingale or Premiere no-slip) and sturdy leash
- Tell us the route you normally walk your dog(s), and let us know if there any dogs off-leash in your neighborhood, any history of dog fights in your area, or any neighbors who are intolerant of dogs. Due to our bonding and insurance all dog(s) in our care **MUST** be on leash at all times. We also avoid dog parks for this same reason. Thanks for your understanding.
- Let us know if your dog(s) has any history of aggression to other animals or people. Depending on the situation, this may affect if we are able to provide walking services for your dog(s). In the event that we cannot provide a walk, playtime in the yard can be substituted.
- We will do all in our power to prevent any incident, but cannot be held liable for any attack by another party, be it animal or human, and vice versa in the event your dog attacks another animal or person. **(Review Liability issue 4 on main contract page)**

All Animals Considered

Client

Date

Date



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Preparing for your sitter:

Notify police, neighbors, family, and anyone else who will be in the house in your absence that we will be arriving daily to care for your pets.

Please leave enough food, supplies, litter, etc. for your pet in your absence to avoid extra cost for our having to replenish your supplies.

Please leave plenty of cleaning supplies (paper towels, stain remover, etc.) for cleaning up food dishes, litter pans and any pet accidents. Also leave out specific kitchen utensils such as spoons, forks, etc that you wish for us to use when feeding your pet.

Let us know beforehand of any hiding places your pet likes to go to so that we don't become alarmed when we can't find him/her upon our arrival.

Please let us know ASAP if you are arriving ahead of schedule or if you are going to be delayed returning home so that we can make the necessary arrangements and to avoid startling each other.

IMPORTANT: Remember that we will keep coming to your home unless we hear you have returned. We do this in the best interests of your pets, so please remember to do so! Otherwise, we will bill for additional visits.

Finally, make sure you have method for flea and tick control if applicable, dog leashes, and kennels for pet transport and walks, and for pets with medical needs, leave enough medicine to give them until your return.