Rockstar Pets Pet Sitting Agreement

2924 N Western Ave Chicago, IL 60618 773-920-ROCK Fax: 888-559-2219



To pay via Chase QuickPay send to: info@rockstarpetschicago.com

Date of signing this agreement: _____

<u>Client Contact Information:</u>

Name:			
Address:	Postal Code:		
Daytime Phone:	_ Evening Phone:		
Cell Phone: Email Address:			
Home Information:			
Where do we enter your building? Is you	r door labeled?		
If no, which door is it (example, up 2 flights and door on	left):		
What parking is available for the dog sitter to use?			
Do you have a security alarm? Yes No Alarm Company Name:			
Alarm Directions/Code:	Password:		
Does anyone else have a key to your home? Yes No Nar	ne/Phone:		
Are you expecting anyone at your home during your absorpersonnel? Yes No	ence (such as repair/maintenance		
Who: Who	en:		
Location of poop bags:			
In Case of Emergency:			
Name of Emergency Contact (must live locally):			

Daytime Phone: _____ Cell: _____

Location of electrical panel box:	
Location of main water cut off:	
Location of gas shut off:	
Location of your pet carriers? How many?	

No-Fee Additional Services:

Which of the following of our no-fee services would you like provided to you? Please check all that apply:

___Bring in Newspaper/Mail ___Water Plants

Service Instructions:

Would you like to receive te	xt or email pictures and updates? _	
Email:	Phone:	
If your pet(s) is on medication	on, where is the medication kept? _	
Are there any rooms that ar	e off-limits to pets/people?	
Location of Cleaning Suppli	es:	
Location of Garbage Can:		
Pet Profile PET #1 Name:	Sex: M F Colo	or/Description:
Type of Medication:	Amount of Dose:	How Often:
Any Health Issues:		
Favorite Hiding Places:		Гоуs:
Quirks or Personality Traits	to be Aware Of:	
Location of Food/Water Dis	1es:	
Dry Food (Brand):	_ Quantity: Moist Food (B	rand): Quantity:

Pet Profile PET #2

Name:	Sex: M F Color/Desc	ription:
Type of Medication:	Amount of Dose:	How Often:
Any Health Issues:		
Favorite Hiding Places:	Toys:	
Quirks or Personality Traits to be Awar	e Of:	
Location of Food/Water Dishes:		
Dry Food (Brand): Quantity:	Moist Food (Brand): _	Quantity:
REQUIRED RELEASES:		
Veterinarian Release: Vet Name and I	Phone:	

Dear Veterinarian, In my absence, "Rockstar Pets" will be caring for my dog(s) / cat(s) and has been instructed to transport my pet(s) to your office to be seen for authorized appointments or for emergency treatment. I authorize you to treat my pet(s) and I will be responsible for payment of their treatment when I return.

Date

Client Signature Client Name (Print)

Locksmith Release:

Dear Locksmith,

In my absence, "Rockstar Pets" will be caring for my pets inside my home. It is imperative that an employee of this business is able to enter my home. I authorize you to provide any services related to key or lock malfunctions on my property. In the event that a sitter is required to employ a locksmith to gain entry into a client's premises due to a failure of Client to leave a key or the malfunction of key or lock, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives pet sitter/company the authority to employ a locksmith on the Client's behalf in the event of the aforementioned occurrences.

Client Signature

<u>Keys:</u>

I hereby certify that I am providing (2) sets of keys **that I tested** to my home to "Rockstar Pets." I release Rockstar Pets to enter my home for pet care services whenever I make a request in writing (or Email), by telephone or in person. I am aware and agree that my key will be kept on a key ring, and that no directly identifying information will be associated with my key. I understand that Rockstar Pets will exercise reasonable care and caution to safeguard my key, and I release them from further liability with regard to the safeguarding of my key.

2 Key(s) received: YES / NO Key to be returned to Client: YES / NO

Key to be retained by pet sitter/company for future use: YES / NO

	Client Signature	Client Name (Pr	rint)	Date
Dates	of Service:			
1.	Start Date:	_End Date:	_ # of Visits:	Sitter:
2.	Start Date:	_End Date:	_ # of Visits:	Sitter:
3.	Start Date:	_End Date:	_ # of Visits:	Sitter:
4.	Start Date:	_End Date:	_ # of Visits:	Sitter:
5.	Start Date:	_End Date:	_ # of Visits:	Sitter:
6.	Start Date:	_End Date:	_ # of Visits:	Sitter:
7.	Start Date:	_End Date:	_ # of Visits:	Sitter:
8.	Start Date:	_End Date:	_ # of Visits:	Sitter:

Thank you for choosing Rockstar Pets. We assure you that your pet will have the best care, get lots of attention, and be loved while you are away. Please list below any other concerns or other notes we may need to give your pet the best care possible:

Do you want us to brush your pet(s)? YES / NO

Give the Location of your pets brush:_____

Service Agreement

This pet sitting service agreement is made between "Rockstar Pets" and hereinafter referred to as "RSP", and the below named Client, hereinafter referred to as "Client" for pet sitting services.

1. The Client agrees to pay RSP for all services in advance.

2. The Client certifies that he/she is the actual owner of the pet(s) indicated in the Pet Profile(s).

3. The Client releases RSP to perform services as stated in the Pet Sitting Agreement, and permits RSP to enter the Client's home upon the Client's request for service made via telephone, email, or in person.

4. RSP will not unlock or open doors and/or gates on the Client's property, for any person(s) at anytime.

5. RSP shall not be liable for and the client shall indemnify and hold harmless RSP for any loss or damage whatsoever, including but not limited to: damage to the Client's property, damage to the property of others, or damage or harm to the person of others that has been substantially caused by the client's pet.

6. The Client understands that it is highly recommended that their pet(s) vaccination history be current and up to date.

7. The Client authorizes RSP to obtain emergency veterinarian care which may become necessary while the Client's pet(s) are under the care of RSP. If the Client's preferred veterinarian is not available, RSP is authorized by the Client to seek another veterinarian.

8. The Client is responsible for all veterinarian and emergency expenses, as indicated in the Veterinarian Release segment above. The Client understands that RSP will not lend money for or cover any veterinary expenses.

9. The Client releases RSP from any and all liability related to transportation, veterinarian treatment and expenses.

10. The Client certifies that the Emergency Contact Person named above has been notified that he/she has been designated as the person who will make decisions on the Client's behalf in the case of an emergency. The Client agrees to notify RSP immediately, should he/she change the Emergency Contact.

11. The Client agrees that RSP shall not be required to visit the Client's property under unforeseeable circumstances, including by not limited to: inclement weather; states of emergency; natural disaster; war; or Act of God. RSP shall not be liable for and the Client shall indemnify and save harmless RSP for any loss or damage whatsoever arising from the non-attendance or from the circumstances of the non-attendance.

12. The Client agrees that RSP will not be liable for the injury, disappearance, death or fines of any pet(s) that are left with unsupervised access to the outdoors.

13. RSP shall not be liable for and the client shall indemnify and save harmless RSP for any loss or damage arising from the performance of any additional services whatsoever, including but not limited to: wilting or dead indoor or outdoor plants; damage to trash and/or recycling containers by garbage/recycling services or other cause; damaged, stolen, or lost mail or newspaper; or any other damage, loss or harm to the client's property whatsoever.

14. The Client agrees to lock all windows, screens, and doors prior to leaving his/her home unattended for the safety and security of the Client's pet(s), property, and that of RSP.

15. The Client agrees to have sufficient pet food, pet medication, litter, cleaning supplies, and other important pet supplies readily available to RSP prior to departure. The Client agrees to reimburse RSP for all re-supply of products that may become necessary for the satisfactory performance of duties.

16. RSP will attempt to contact the Client after the last agreed-to visit to determine if the Client has returned home and has resumed care of their pet(s). If RSP cannot verify that the Client has returned home, RSP will continue to provide care to the Client's pet(s) per the service request at the rate of \$65.00 per day until the Client has returned home.

17. RSP agrees to provide services as discussed, in a timely, reliable, and caring manner.

18. The Client releases RSP from any and all liability arising out of the services provided, except for direct injuries to the pet(s) or to tangible property resulting from RSP's gross negligence or intentional misconduct.

19.Pet sitting services cannot be provided, and no agreement exists for pet sitting services on any specific date(s) until this agreement has been completed and signed by both parties.

20. RSP shall not be responsible for and the Client shall indemnify and save harmless RSP for any loss or damage arising from any theft, burglary, vandalism, or other third-party loss or damage to the Client's pet, property, or other person. By signing this agreement, the Client agrees that he/she has read the terms of this agreement and confirms the accuracy of the information provided in the Client Worksheet. The signatures below indicate agreement to these terms.

Client Signature	Client Name (Print)	Date
Rockstar Pets	RSP Employee Name (Print)	Date

Follow-up Phone Call Mad	e: Yes No Date:	Time: _		
Pet Profile PET #3				
Name:	Sex:	Sex: M F Color/Description:		
Type of Medication:	Amount of Do	ose: How	v Often:	
Any Health Issues:				
Favorite Hiding Places:		Toys:		
Quirks or Personality Trait	ts to be Aware Of:			
Location of Food/Water D	ishes:			
Dry Food (Brand):	Quantity: Moi	ist Food (Brand):	Quantity:	
Pet Profile PET #4				
Name:	Sex:	M F Color/Descriptic	on:	
Type of Medication:				
Any Health Issues:				
Favorite Hiding Places:		Toys:		
Quirks or Personality Trai	ts to be Aware Of:			
Location of Food/Water D	ishes:			
Dry Food (Brand):	Quantity: Moi	ist Food (Brand):	Quantity:	