

Ace Pet Sitting Services New Client Packet

Thank you for choosing Ace Pet Sitting Services!

Please have the following items ready:

1. Your signed documents
2. A key
3. Emergency contact information for yourself, and 2 other contacts
4. Veterinary contact & medical information (allergies, conditions).
5. Trip information, including Hotel and if you plan to have visitors while away.

Rates and Services

Ace Pet Sitting Services offers a variety of services tailored to suit you and your pet's needs. We recommend 2 to 3 visits per day for dogs and one to two visits per day for cats and other animals. All visits include a walk or litter box change, refreshing of water, feeding and administration of medication if necessary, and most importantly plenty of love and play time. We also offer additional basic household services such as mail retrieval and indoor plant watering per your request. All visits include a full progress report with notes about your pet and any other pertinent information.

Visit Type	Rate per Visit	Duration	Services Provided
Initial Consultation	FREE	30-90 Min	During our initial visit, we will complete the necessary paperwork, answer questions, transfer keys, and tour your home while discussing detailed instructions on how to care for your pets. This required meeting will be scheduled at least 24 hours prior to service.
Regular Visit	\$18.00	30 Minutes	Includes: <ul style="list-style-type: none">▪ Fresh food and water▪ Walk or litter box change▪ Mail retrieval▪ Light alteration▪ Indoor plant watering▪ Medication application/administration
Extended Visit	\$25.00	45 Minutes	Includes all services of a regular visit but is extended for times when your pet(s) need extra attention.

Additional Services

- Pet Taxi service to Vet/Groomers - \$15/trip + mileage
- Pet Shopping - \$15/half hour
- Waiting for repair service/deliveries - \$20/hour (includes dog walk)

Guidelines and Policies

- 1. Visit times:** We will visit at the requested times as closely as possible. However, if we are caring for multiple pets, the times may be shifted a little to accommodate our clients. We will do our very best to arrive at the appointed times.
- 2. Additional Pet Care Assistance and Other Scheduled Services:** We all want our pets to have all the love and attention they deserve, but please be advised that if there are other persons entering and leaving your home, Ace Pet Sitting Services cannot be held liable for any damages or problems that may arise as a result. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, repairpersons, friends, family and neighbors. Ace Pet Services does not accept liability for other actions of persons who will be in your home during pet care services.
- 3. Unforeseen purchases:** Pet Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit collar for walks or in case of emergencies, firmly affixed vaccination tags, leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food and cat litter.
- 4. Leashes:** All dogs will be required to be on a leash during outdoor walks.
- 5. Animal Behavior:** If a Pet Care Provider is harmed or injured by the client's animals, the client/owner accepts full responsibility for the cost of any necessary medical attention required by either the Pet Care provider or by the animals. Ace Pet Sitting Services may use their discretion to stop and end service at any time that a pet poses a danger to the safety or health of itself, other pets, other people, or the Pet Sitter.
- 6. Other dogs:** We will not permit your dogs to interact with strange dogs. If stray dogs that are off leash approach, we will do our best to keep interaction at a minimum and move away from them.
- 7. House Cleanliness:** We will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies.
- 8. Privacy Policy:** All of your information will be kept private and confidential. We highly respect our clients' entrusting us with the care of their home and their loving pets. We do recommend that you inform a trusted neighbor that while you are away, Ace Pet Sitting Services will be caring for your pets and your home.
- 9. Securing of Home:** Ace Pet Sitting Services is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Pet Owner agrees to secure home prior to leaving the premises. We will re-secure the home to the best of its ability at the end of each visit. While keys are in the possession of a Pet Sitter, they will be either on the Sitter's physical person, or be properly stored at an undisclosed location.
- 10. Thermostats:** Please leave your thermostat settings within a normal comfortable range (68-78°F). This is to ensure the health and comfort of your pets.
- 11. Early Returns/Last minute Changes:** It is not unusual for trip plans to change at the last minute. We will be flexible in accommodating these changes. In case of a delayed return, we can extend our services, or suspend them due to early returns. We will only charge for services rendered.
- 12. Keys:** Ace Pet Sitting Services agrees to place an identifying code on all keys. Keys will not be marked with names, addresses or any identifying information. All keys will be stored in a secure location.
- 13. Payment:** We accept cash or checks. **Payment is due as arranged during consultation.** Please make all checks payable to **Maria Acevedo**.
- 14. Returned Check Charges:** There is a \$20 fee for all returned checks.

I, _____ have read, understand and agree to the policies and guidelines of Ace Pet Sitting Services. I further understand that a copy of this form will be kept on file for documentary purposes.

Signature of Pet Owner _____ Date _____

Signature, Ace Pet Sitting Services _____ Date _____

Veterinary Release Agreement

In the event that any of my pets appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Ace Pet Sitting Services I give permission to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. I ask Ace Pet Sitting Services to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet / all pets (most common values are \$200, \$1,000 or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Ace Pet Sitting Services care providers to use their best judgment in handling these situations, and I understand that Ace Pet Sitting Services assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment for any and all veterinary services rendered, including but not limited to diagnosis, treatment, medical supplies, and boarding

I further authorize Ace Pet Sitting Services and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Ace Pet Sitting Services cares for one or more of my pets. I understand that this agreement applies to all of the pets within the care.

Client/Owner Name: _____

Client's Signature _____ Date: _____

Emergency Care:

Vet Name:

Clinic Name:

Phone:

Pet Information Form

Please complete one Pet Information Form per pet.

Owner:

Pet Name:

Breed:

Sex: M / F Declawed: Y/N Neutered: Y / N

Physical Description:

Birth date: Or Age:

Weight: Or Size:

Microchip/Tattoo/Dog Tag #:

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ minutes

<input type="checkbox"/> Dry	Brand:		Times normally fed: <input type="checkbox"/> Bowl always full <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
	Amount:			
<input type="checkbox"/> Wet	Brand:		Times normally fed: <input type="checkbox"/> Bowl always full <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
	Amount:			

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, beds <input type="checkbox"/> Restrict to pet area/crate when pet is alone Restricted Area/Crate Location: Other off-limit areas:
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<input type="checkbox"/> Medication(s):	Amt:		Times normally given: <input type="checkbox"/> anytime <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
	Location:			
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>		<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Notes:			

Pet Allergies:

Does your pet have food allergies? yes no

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality: _____

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom

Home Guide and Contact Information

First Name:

Last Name:

Emergency Contacts

(Primary)

(Alternate)

Name:

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Phone:

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Cell/Work:

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Relation

--	--

Location:

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Home Phone:

Cell Phone:

Work Phone:

Email:

Referred By:

Contact Method:

Home Phone Cell Email

Locations:

Crated Area/Cage

Leash/Collar

Brushes

Food Dish

Food

Water

Tap Filtered Bottled

Water Dishes

Medications

Treats

Litter Box

Poop Scoop

Kitchen Waste

Outside Waste

Recycle Bin

Wet Paw Towels

Paper Towels

Cleaning supplies

Broom/Vacuum

Where to put mail

Indoor Plants

Usual Vehicles & Visitors At Home:

Would you like me to rotate lights/blinds/?

Y N

Would you like me to email you updates during your trip? Y N

Will anyone else have access to your home while you are away? Y N

Would you like me to set out your garbage on garbage day? Y N

Do you have any plants that need to be watered?

Y N

Garbage Day:

Alarm Instructions: