State of \_\_\_\_\_

## PET CARE AGREEMENT

This Pet Care Agreement (this "Agreement") is made as of this day of, 20, by and among/between:		
Pet Owner(s):	, (collectively "Pet Owner") and	
Pet Sitter(s):	, (collectively, "Pet Sitter"),	
<b>1. Time and Payment.</b> Pet Sitter shall care for Pet Owner's pet(s) the time period beginning, 20 un In consideration for Pet Sitter's care and services, Pet Owner sha (Check one)  total  per hour  per day  per week the: (Check one)	til, 20 Il pay Pet Sitter \$	
<ul> <li>Completion of the care and services</li> <li>End of each day</li> <li>End of the week</li> <li>Other:</li></ul>		
and paid via (Check one)		
<ul> <li>Medical care and treatment</li> <li>Emergency medical care</li> <li>Services provided by a Veterinarian</li> <li>Other:</li> </ul>		
paid via (Check one) 🗆 cash 🗆 personal check 🗆 PayPa	I 🗆 other:	
<ul> <li>2. Care and Services. The care and services provided under this responsibilities: (Check all that apply)</li> <li>Feed the pet(s) and change water bowls</li> <li>Walk and exercise the pet(s)</li> <li>Play with the pet(s)</li> <li>Clean up and dispose of any pet waste</li> <li>Brush and wash pet(s)</li> <li>Wash and tidy up bowls</li> <li>Administer medication</li> <li>Other:</li></ul>	Agreement consist of the following	

The care and services will be provided at \_\_\_\_\_

[Address].

**3. Pet Information.** The care and services provided under this Agreement shall be for the following pet(s):

Name:	
Age:	
Gender: 🗆 Male 🗆 Female	
Species/Breed:	
Description (e.g. color):	
Health Conditions:	
Behavior History:	
Medication(s) (Name and Dosage):	
Name:	
Age:	
Gender: 🗆 Male 🗆 Female	
Species/Breed:	
Description (e.g. color):	
Health Conditions:	
Behavior History:	
Medication(s) (Name and Dosage):	
Feeding Instructions:	

**4. Emergencies.** If there is an emergency, Pet Sitter will make all reasonable efforts to first contact Pet Owner. If Pet Owner is unable to be contacted, Pet Sitter shall contact the following:

Full Name:
Address:
City, State, Zip Code:
Phone Number (H):
Phone Number (C):
Veterinarian Name:
Address:
City, State, Zip Code:
Phone Number:

In addition, Pet Owner authorizes Pet Sitter to seek and obtain medical attention and treatment as deemed necessary by a veterinarian.

**5. Injury and Indemnification.** If the pet(s) described in Section 3 accidentally dies, becomes ill, injured, or lost, Pet Owner waives and releases Pet Sitter from any claim arising from such an incident. If the pet(s) bites or injures Pet Sitter, any other human or animal, Pet Owner will be responsible for any

resulting injury. In addition, Pet Owner shall hold harmless and indemnify Pet Sitter against any and all costs, expenses, losses, liabilities and claims arising out of or relating to any acts of the pet(s) except if arising out of the negligence or intentional misconduct on the part of the Pet Sitter.

**6. Governing Law.** The terms of this Agreement shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_\_, not including its conflicts of law provisions.

**7. Severability.** If any provision of this Agreement is held to be invalid or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid and enforceable as though the invalid or unenforceable parts had not been included in this Agreement.

**8. Entire Agreement and Amendment.** This Agreement contains the entire understanding between the Parties and supersedes and cancels all prior agreements of the Parties. This Agreement may be amended or modified only by a written agreement signed by all the Parties.

IN WITNESS WHEREOF, this Agreement has been executed and delivered as of the first date written above.

Pet Owner Signature

Pet Owner Signature

Pet Owner Full Name

Pet Owner Full Name

Pet Sitter Signature

Pet Sitter Full Name

Pet Sitter Signature

Pet Sitter Full Name

