



Above & Beyond Pet Sitting, LLC
 Rosemary "Dodie" Stevens, Owner
 Serving Casselberry & Nearby Communities
 (407) 252-3143
www.petsittersorlando.com

Service Agreement

Owner and Contact Information

Owner's Name _____ email: _____

Address _____ City _____ State ____ Zip _____

Primary Contact Information/phone number(s): _____

Alternate/Emergency Contact Information: _____

Special Access Information Does anyone else have your permission to access your home? Yes No
 Gated Community and/or Security System: Yes No If Yes, Instructions (do not write codes): _____

Pet Information (first four pets included in initial fee)

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
Name					
Breed					

Feeding Frequency, Instructions, & Location of Food: _____

Special Needs or Health Concerns: _____

Veterinarian Preference and Contact Information: _____

Which of the following FREE services would you like provided?

Lights Rotated? Which Ones? _____ Mail/Paper Retrieval Safe Key Service Text Service

Garbage (days) _____ At what temperature will you set your thermostat when you leave? _____

Plants Watered Other Requests (charges may apply) _____

Please list First and Last Visit, with dates: _____

Please Read Carefully and Initial

_____ I authorize Above & Beyond Pet Sitting, LLC and its confirmed assistant(s) to have access to my home in order to care for my pets and secure my property.

_____ If my pet(s) becomes ill, Above & Beyond Pet Sitting, LLC will notify you immediately, but if in the case you cannot be reached in a critical emergency, I authorize Above & Beyond Pet Sitting, LLC and its confirmed assistant(s) to transport my pet(s) to an Animal Emergency Hospital to receive medical treatment and authorize medical treatment by a certified veterinarian. I agree to pay all expenses incurred at emergency.

_____ The following agreement will remain valid for future service, with the exceptions of any agreed upon changes in fees or frequency or total number of visits. The parties hereto agree as follows:

Number of visits per day: ____ Total visits: ____ Fee: ____ **Fees are paid in advance, upon client's departure.**

Above & Beyond Pet Sitting, LLC and its assistant(s) agree to provide the services stated in this contract in a reliable and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Above & Beyond Pet Sitting, LLC and its assistant(s), unless arising from negligence.

_____ Date

_____ Client(s) Signature(s)