



Client Contact Form

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_

Street Address\Unit # \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact 1 Cell: \_\_\_\_\_ Contact 2 Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daily Communication (Circle): Text - Email - Call Cell - Call Work - Log Book -or \_\_\_\_\_

About your community: Gated: Y / N Guarded Gate: Y / N Gate code: \_\_\_\_\_

Guard on duty: Please add **4paws Orlando** to the permanent "Cleared" list for your residence.

Home Alarm: 4paws preferred code is **7434** Alarm Code to be used: \_\_\_\_\_

Monitoring Company: \_\_\_\_\_ Phone \_\_\_\_\_ Password \_\_\_\_\_  
If the alarm goes off, who do we call, what password verifies our access.

Garage Entry Code: \_\_\_\_\_ \*Wireless Network: \_\_\_\_\_ \*Password: \_\_\_\_\_  
\*For overnight care used by Concierge's to complete paperwork and update job status.

In the event we cannot reach you, please list at least one local contact (two preferred) that may be able to assist with information about your pets or your home.

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

.....

Please tell us about your veterinary care:

Clinic Name: \_\_\_\_\_

Which Vet does your pet(s) see? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



## Contract and Legal Considerations

For the purposes of this document, the terms Client, Owner, Pet Owner, and Customer are synonymous with the person contracting services for one or more domestic animals.

1. Deposit in full is due at time of reservation. **Reservations are not held** until payment in full is received by Four Paws Orlando or special arrangements are agreed upon by both parties in writing. A \$2 per visit late charge will be assessed to service that is not paid in advance. Reservations for not yet cleared PayPal payments will be honored.
2. There will be a **\$20 service charge** for each returned check.
3. Unpaid service may be cancelled without notice, including prior to or during the service period.
4. Cancellation Charge Schedule effective 8/1/2010:
  - o **0 - 24 hours** prior to any service, and/or Holidays: Payment in full is charged (no refunds)
  - o **More than 1 Day** prior to service: No charge, refund in full.
5. Reservations are made to plan sitter availability to clients. Therefore, clients returning home early will be required to pay for the reserved amount of time scheduled including travel time. Clients will not have to pay for scheduled Special Services not preformed.
6. Four Paws Orlando is not responsible for wilted, dead or otherwise unhealthy plants. Four Paws Orlando will work hard to follow your written directions as precisely as possible, but cannot be responsible if the results are not favorable. ***Please place all indoor plants together on a waterproof surface in plain sight***, as your Concierge is not responsible for water damaged areas or missed plants.
7. Four Paws Orlando is not responsible for damage to the home beyond the control of the Concierge. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, the company will attempt to contact the customer and then the emergency contact before making a subjective decision on dealing with the problem. All repairs and related fees (including Special Service emergency service time and coordination fees) will be paid by the client, or fully reimbursed to Four Paws Orlando within 14 days.
8. Four Paws Orlando is not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Concierge. Four Paws Orlando agrees to remain insured through PSA or a comparable pet sitting liability insurance entity during each service period. Four Paws Orlando accepts no responsibility for loss to the premises if other individuals have access to a client's home, or if the home is not properly secured.
9. At the time that service is booked, Owner will notify Concierge of everyone who has been granted access to the home during the service period. All other individuals that visit the home will leave a log of their visit.
10. Four Paws Orlando 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. Four Paws Orlando will attempt to re-secure the home to client instructions at the end of each visit. While keys are in the possession of a Concierge, they will be either on the Sitter's physical person, or be properly secured.
11. Pet Owner must have legal rights to place the animals in the care of Concierges, Kennels, and Veterinary Clinics. The Concierge cannot service a home with "Visiting" pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, including a Legal Considerations Agreement, accepted and signed by each rightful owner(s).
12. The terms of this document apply to all the pets owned by the client, including any and all new pets that the customer obtains on or after the date this document was signed, at any and all locations the owner designates for service.
13. Pet Owner is responsible for pet-proofing house and yard, and the security fences/gates/latches. Four Paws Orlando will not be responsible for the safety of any pets and will also not be liable for the death, injury, disappearance, or legal consequences of any pet with unsupervised access to the outdoors.

14. Four Paws Orlando is authorized to seek any emergency veterinarian assistance needed during visits, at the cost of the client, from any veterinarian as chosen by the sitter. However, the company is not responsible for the health/well being of the animal.
15. 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 harness (halter, collar, etc...) for walks or in case of emergencies, firmly affixed vaccination tags, a lead rope or leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. Pet Owner authorizes any purchases necessary for the satisfactory performance of duties. Pet Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse Four Paws Orlando within 14 days for all purchases made.
16. Pet Owner will be responsible for all medical expenses and damages resulting from an injury to a Concierge, or other persons, by the Pet. Customer agrees to indemnify, hold harmless, and defend Four Paws Orlando, in the event of a claim by any person injured by the Pet.
17. It is suggested that arrangements be made with someone to evacuate your pets in case of a disaster or weather related event/crisis/"Code Red". Four Paws Orlando will definitely try to see to your pets safety/care should such events occur, but cannot guarantee it.
18. This contract permits Four Paws Orlando to accept all future telephone, online, mail or email reservations and provide service without additional signed legal considerations agreements.
19. Four Paws Orlando 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 Concierge. If concerns prevent the Concierge from continuing for a pet, the Owner authorizes the pet to be placed in a kennel, or previously arranged locale if possible. All subsequent charges, including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability, are to be the responsibility of the Owner.
20. Four Paws Orlando agrees to provide agreed upon services in a manner that is trustworthy, caring and dependable. In consideration of the services as an express condition thereof, the client expressly relinquishes any and all claims against the company and its employees, except those arising from negligence. Claims of negligence that involve a hired Independent Contractor, hired by Four Paws Orlando, will be the responsibility of the Independent Contractor and the company they represent. All hired Independent Contractors are required to carry liability insurance with optional coverage or bonding through a reputable company.
21. Client agrees to discuss any concerns with Four Paws Orlando within 24 hours of return after service.
22. This agreement is valid from the date signed, and replaces any prior Legal Considerations agreements. Client agrees to any future Four Paws Orlando term changes relayed verbally to the client, mailed or emailed in writing to the client, or posted on our website under the heading Terms .
23. This contract may be terminated by either party by giving thirty days written notice to the other party.
24. The owner states that he/she as read this agreement in its entirety and fully understands and accepts its terms and conditions.

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Client/Owner Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Veterinary Release Agreement

In the event that any of my pets or large animals 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 Four Paws Orlando, I give permission to Four Paws Orlando to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask Four Paws Orlando 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 -\$1000, 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 Four Paws Orlando 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 Four Paws Orlando care providers to use their best judgment in handling these situations, and I understand that Four Paws Orlando and its staff 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 and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Four Paws Orlando for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Four Paws Orlando 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).

Every dog and cat at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Four Paws Orlando of any signs of injury or possible illness before any visit as soon as the condition appears. Four Paws Orlando reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Four Paws Orlando strives to provide clean, safe service to each of our clients. In doing so, Four Paws Orlando strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Four Paws Orlando cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Four Paws Orlando care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

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Client/Owner Name: \_\_\_\_\_ (please print name)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Key Handling Agreement

**I have provided Four Paws Orlando with the following key(s) on date:** \_\_\_\_\_

*(Please describe in detail, including the doors the keys will open)*

Main Keys:

**Backup Keys:** A \$10 key charge will be assessed in conjunction with the first visit if 2 keys or 1 key and a backup method of entry is not provided.

I furthermore agree to and understand the following conditions and terms:

Four Paws Orlando has my permission to make a copy of my key(s) for emergency / backup purposes at their discretion.

Four Paws Orlando agrees to place an identifying code on my keys. My keys will not be marked with my name, address, or pet's names. When not in use or prepared for use, my keys will be stored in a secure location by the concierge.

My keys will be automatically retained by my concierge at the end of each service period. The concierge will place the key in a secured location until future service is requested.

Four Paws Orlando has permission to provide my keys to any of its employees or independent contractors that will be providing me with Pet Sitting Service.

### Key Returns

I understand that I can request that my keys, openers, swipe cards, fobs or other means of access, be returned at any time. Four Paws Orlando will NOT leave keys in your home in lieu of a proper return at the conclusion of a visit. If you required your keys, openers, etc. to be returned in person a fee of \$15.00 will be accessed.

Key Returns can be made by mail for a fee of \$10.00 or by FedEx for a fee of \$20.00. Four Paws Orlando accepts no liability for keys returned via FedEx or mail. Please understand that these requests are processed as a courtesy to you.

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Client/Owner Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Pet Information Disclosure

Please complete one Pet Information Disclosure form per pet or litter.

**Parent:** \_\_\_\_\_

Length of Time with Family: \_\_\_\_\_

Breed: \_\_\_\_\_

Physical Description (if similar to another):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Pet Type: Dog / Cat / Other: \_\_\_\_\_

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

Microchip/Tattoo/Dog Tag #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Or Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Or Size: \_\_\_\_\_

**Feeding Instructions:**

Feed apart from other pets/supervise     Dispose of uneaten food     Remove food after \_\_\_\_ Min

<input type="checkbox"/> <b>Dry</b>	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Wet</b>	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Medication(s):</b>	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Medication(s):</b>	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Water</b>	<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"/> <b>Treats</b>	Name: Amt: Location:	<input type="checkbox"/> <b>NO TREATS ALLOWED!</b> <b>Notes:</b>	

**Pet's Living Area:**

<input type="checkbox"/> <b>FLIGHT RISK!</b> Explain: _____ _____ <input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard <u>with collar</u> <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, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times  Restricted Area/Crate Location: _____  Other off-limit areas: _____
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Parent:  Pet:

**Emergency Care:** *\*Placing Credit Card on file at vet's office is recommended*

Vet Name: \_\_\_\_\_ Pet Allergies: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_ Vaccinations up to date on (month/yr): \_\_\_\_\_  
Phone: \_\_\_\_\_ Heartworm test: Negative / Positive

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

**Temperament/Personality:** \_\_\_\_\_

Pet Doesn't Like:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths        | <input type="checkbox"/> Hot Days              | <input type="checkbox"/> Sharing Food Dishes                              |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold    | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> New Animals           | <input type="checkbox"/> All Humans                                       |
| <input type="checkbox"/> Touch Ears   | <input type="checkbox"/> Other family pets     | <input type="checkbox"/> Strangers  |
| <input type="checkbox"/> Sprays       | <input type="checkbox"/> People near food dish | <input type="checkbox"/> _____  |

Pet reacts to the above by: \_\_\_\_\_

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
- Escaped from home,

Where does he/she like to escape to? \_\_\_\_\_

How can he/she be retrieved? \_\_\_\_\_

**Commands:** (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	_____
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	_____

Favorite Games, Toys, and Activities: \_\_\_\_\_

Comments: \_\_\_\_\_

Client/Parent Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Credit Card Authorization Form

**Card Type (circle one):** M/C   VISA   DISCOVER   AMEX

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_   **CCV:** \_\_\_\_\_

**Card Holders Name:** \_\_\_\_\_  
(exactly as it appears on the credit card)

**Billing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Card Holder Phone Number:** (        ) \_\_\_\_\_ - \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card reference above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment by Four Paws Orlando for all charges incurred for my pets/home per my request. I understand that prices are published online and in confirmations provided when I request services.

In the event that charges are not authorized on this payment method, I will immediately provide an alternative credit card or will make payment by cash, check, or other means. Invoices unpaid more than 15 days after being notified by 4paws, I will be assessed a late fee and may be reported to credit bureaus and may be subject to further collections.

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**Client/Owner Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_