



Household Information

Name:			
Street:		City:	Zip:
Home #:	Office #:	Cell #:	Other #:
Referred by:		E-mail:	
Spouse/Other:		Work #:	Cell#:
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Landlord/Management contact #:	
Email/Phone Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, email or phone#:	
EMERGENCY CONTACT(S)		Relationship	
		Telephone	
		Key to home?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY			
Name	Relationship	Key to home?	Date/Time of Visit?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE THE FOLLOWING INSTRUCTIONS, IF APPLICABLE			
Alarm/Gate Entry Password:		Exit Password:	
Company Name & Phone #:		Code Word:	
PLEASE LIST THE LOCATION OF THE FOLLOWING			
Leashes	Toys	Carrier(s)	
Food	Treats	Meds/Vitamins	
Litter Box	Litter Supplies	Brushes	
Broom/Vacuum	Can Opener (if applicable)	Doggie Towels	
Water Shut Off Valve	Electrical Panel Box	Fire extinguisher(s)	
Location of Trash Cans/Dumpster:		Qty of Cans & Colors:	
INSTRUCTIONS			
Bring in Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of mail box & key:	
Alternate Blinds? <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Indoor Plants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Lights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Turn on/off TV/Radio? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Instructions:			

Pet Information

Please complete this form for each pet

Pet Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Breed:	Color:	Description:	
DOB/Age:		Weight:	
IDENTIFICATION			
Color of Collar:		ID Tags: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FEEDING INSTRUCTIONS			
AM:		PM:	
Brand of Pet Food:			
Treats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Brand of Treats:	
Food Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
MEDICATIONS			
Name of Medication	When to Administer	Amount	How to Administer
VACCINATIONS			
Rabies Shot:		Expiration:	
DHLPP Shot:		Expiration:	
HISTORY OF ILLNESS			
List Illnesses & Explain:			
GENERAL INFORMATION			
Has your pet ever snapped at or bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your pet good with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your pet ever bitten or fought another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should we approach your pet with caution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your pet react to your absence from home?			
Does your pet like to play? <input type="checkbox"/> Yes <input type="checkbox"/> No		Favorite Toys:	
Does your pet like to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your pet like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL INFORMATION			

Policies & Procedures

- 1. Scheduling and Visit times:** We strive to accommodate the needs of your pet. Canine Campus, LLC provides a time interval during which visits will occur. If an unforeseen situation arises, the time interval may be adjusted.
- 2. Reservations:** It is best to plan in advance in order to obtain services on the dates you desire. An in-home consultation is required, prior to reservations, **for all new clients.**
- 3. Reservation Confirmation:** Please, do not leave town without directly confirming your reservations with Canine Campus, LLC office.
- 4. Early Returns/Last minute Changes:** Canine Campus, LLC carefully schedules our time to serve you and our other clients. Therefore, there are no refunds or credits for early returns or last minute changes to pet care.
- 5. Holiday Cancellations:** With the exception of severe weather, life threatening emergencies or a death in the family, any cancellations over holiday periods will result in a 50% cancellation penalty of the total amount due.
- 6. Pet Sitting Cancellations:** Outside of holiday periods, scheduled pet sitting services must be cancelled a minimum of 72 hours prior to the first scheduled service. Failure to provide 72 hours notice will result in a 50% cancellation penalty of the total amount due.
- 7. Additional Pet Care Assistance And Other Scheduled Services:** Canine Campus, LLC does not accept liability for other persons who will be in your home prior to, during, or immediately after our services have been rendered. 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, maintenance personnel, friends, family and neighbors. It is understood that the client will notify anyone with access to the home that the services of Canine Campus, LLC have been engaged.
- 8. Inclement Weather:** You will entrust Canine Campus, LLC to use best judgment in caring for your pets(s) and home at the time of inclement weather. Canine Campus, LLC will try to carry out your instructions to the best of Canine Campus, LLC's ability. Customer selection of a nearby emergency contact has been requested.
- 9. Inclement Weather Plan:** 1) Every effort will be made to drive to your home; 2) The service schedule may be changed, interrupted, or altered due to circumstances; 3) If it is not possible to drive safely to your home, your emergency contact will be notified, 4) You will be notified that the above-mentioned contingency plan has been activated.
- 10. Inclement Weather Contact:** Canine Campus, LLC has requested the name and phone number of a person living nearby (with access to your home). This should be a person close enough to walk to your home if roads are impassable (for example, a neighbor). If we are physically unable to drive to your home this information is needed so that we can contact this person to request their assistance to check on your pet(s). Please remember that garage door openers are not operational in the event of power outages. **In the event that the customer does not provide a nearby emergency contact with access to your home for Canine Campus, LLC, customer realizes that Canine Campus, LLC will provide service but not until conditions allow us to reach your home safely.**

Name of Emergency Contact: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

- 11. Pet Guardianship:** In the unfortunate event you become incapacitated while your pet(s) are in our care, please name the person(s) who should be contacted to become the guardian and take over the care of your pet(s) until

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care can be provided as arranged for in other legal documents prepared by you. We urge you to address care of your pet(s) when planning your estate. Please be sure the named person(s) is/are aware you are appointing them as guardian(s) of your pet(s).

In the event of an emergency, which incapacitates me, I authorize **Canine Campus, LLC** to turn my pet(s) over to:

Name: _____

Address: _____

Home Phone: _____ **Alternate Phone:** _____

Relationship: _____

- 12. Medication/Vaccinations/Immunizations:** Canine Campus, LLC will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result. **Under no circumstances will** Canine Campus, LLC service any pet that has any form of active contagious illness. Canine Campus, LLC requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations. If a Canine Campus, LLC pet care provider is bitten or exposed to any disease or ailment received from the client's pet(s) which has not been properly or currently vaccinated, the client will be responsible for all costs and damages that may be incurred as a result.
- 13. Unforeseen purchases:** Canine Campus LLC will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and wellbeing of your pet during your absence. We will retain a receipt and the pet owner is responsible for reimbursement of these items. In addition, a \$15 trip fee will be applied.
- 14. Pet waste:** Canine Campus, LLC will properly dispose of your pet(s) waste. We do request however, that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed of.
- 15. Collars/Leashes:** Please provide secure collars with appropriate tags for all visits. All dogs will be walked on leashes.
- 16. Fences:** Canine Campus, LLC does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced area. This includes electronic, wood, metal or any other type of fence.
- 17. Other dogs:** We will do our best to keep interaction with stray or strange dogs to a minimum.
- 18. House Cleanliness:** Canine Campus, LLC will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies. Canine Campus, LLC is not responsible for carpet/flooring stains created by your pet(s). We request that you provide plastic bags, towels, cleaning products, paper towels, and trash bags. If there are accidents above and beyond the normal amount anticipated, Canine Campus, LLC will charge a reasonable fee for clean up time.
- 19. Household Emergencies:** Please provide the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units.

Company Name: _____ **Contact Person:** _____

Phone Number: _____ **Alternate Number:** _____

Policies & Procedures

- 20. Thermostats:** Please leave your thermostat settings within a normal comfortable range (68-78°F). If the house temperature is outside of this range, Canine Campus, LLC will adjust the thermostat to ensure the health and comfort of your pets.
- 21. Payment:** Canine Campus, LLC accepts cash, checks and credit cards. **Payment is due at the time of the in-home consultation unless otherwise agreed upon.** Checks should be made payable to Canine Campus, LLC. All services are paid in advance.
- 22. Returned Check Charges:** There is a \$35 fee for all returned checks. Clients are responsible for all costs of collections.
- 23. Keys:** Canine Campus, LLC will obtain two copies of your house key during the in-home consultation. One key will be held by the pet sitter. The other key will be coded for security and kept separately to be used only in the case of an emergency or lockout.
- 24. Key Retention:** It is recommended that your keys remain in Canine Campus, LLC custody for convenience in future use of our service and to confirm services via telephone. Your keys will be kept in a secured lock system and are coded for your protection.
- 25. Key Pick-up/Drop-off:** If you choose not to have Canine Campus, LLC retain your keys, key pick-up or drop-off will be at Canine Campus LLC's office location in Earlsyville.
- 26. Updates:** Please inform us of any changes regarding your contact numbers, your pets' care needs and other pertinent information.
- 27. Privacy Policy:** All of your information will be kept private and confidential. Canine Campus, LLC highly respects our clients' entrusting us with the care of their home and pets.

I, _____ have read, understand and agree to the policies and guidelines of Canine Campus, LLC. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of Canine Campus, LLC.

I request that Canine Campus, LLC retain my keys for future services. *Initials* _____

I request that Canine Campus, LLC return my keys upon completion of each pet sitting assignment. *Initials* _____

Pet Owner Signature _____

Date _____

Veterinarian Authorization

Pet Name(s) _____

Veterinarian _____ Address _____

Phone Number _____ Emergency Contact _____

During my various absences, **Canine Campus, LLC** will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to **Canine Campus, LLC or a representative of Canine Campus, LLC**.

Client Initials _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify Canine Campus, LLC before service dates.

Client Name: _____

Address: _____

City/State: _____ ZIP: _____

Home Telephone: _____ Work Telephone: _____ Mobile/Pager: _____

To whom it may concern: I have contracted for services from Canine Campus, LLC during my absence and I authorize Canine Campus, LLC to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: _____

Canine Campus, LLC reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature

Date

Agreement

This signed document is an agreement between Canine Campus, LLC and _____(Client) for pet care services beginning on _____, until revoked in writing.

1. I authorize **Canine Campus, LLC** to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.

2. I authorize **Canine Campus, LLC** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Canine Campus, LLC** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.

3. **Canine Campus, LLC** accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.

4. I agree to reimburse **Canine Campus, LLC** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.

5. **Canine Campus, LLC** agrees to provide the services stated in this agreement in a reliable, caring 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 **Canine Campus, LLC**, its employees or assigns, except those arising from proven negligence of the pet sitter.

6. **Canine Campus, LLC** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.

7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless **Canine Campus, LLC** in the event of a claim by any person injured by the pet.

8. **Canine Campus, LLC** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time as per the Policies and Procedures.

9. It is expressly understood that **Canine Campus, LLC** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Canine Campus, LLC** of all situations, which will relieve it of liability for damage.

10. Fees are earned upon acceptance of Agreement and are due at the time of or prior to the first visit.

11. I attest to the fact that all licenses and vaccinations required by the State _____, the City in which I reside and/or the County of _____ are current according to the law. _____ (initial here)

12. I authorize this contract to be valid approval for future services so as to permit Canine Campus, LLC to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

I have completed and signed required veterinary release forms. _____ (initial here)

I have read and agree to the aforementioned Policies and Procedures, which are a part of this agreement. I am aware that I shall keep a signed copy for my records. _____ (initial here)

Signed _____

Date _____

Schedule

Pet Sitting

Please check the pet sitting service you are requesting

- 1 Visit per day
- 2 visits per day
- 3 visits per day

Start Date: _____

End Date: _____

Please list any special requests or notes:

Supply Recommendations

Below you will find a listing of the supplies, which Canine Campus, LLC recommends that you have on hand for your pet before your departure. Please tell your petsitter where these things are located.

Cats

1. Cat Food, (can opener if necessary) and Treats
2. A supply of Kitty Litter and Scoop
3. Toys (if you allow your pet(s) access to toys in your absence please inform us)
4. Brush and/or Comb
5. Paper towels and appropriate cleaning product
6. Garbage Bags
7. A list of last minute special instructions or contact number changes
8. Your travel itinerary

Dogs

1. Dog Food, (can opener if necessary) and Treats
2. Collar with Identification and State/Local License tags attached
3. A non-retractable leash in good working condition without tears or frays
4. Bags for waste disposal
5. Toys (if you want toys left with your dog in your or the petsitter's absence, please inform us)
6. Brush and/or Comb
7. Garbage Bags
8. Paper towels and appropriate cleaning products
9. Sweater, Winter Coat, Boots and/or Rain Gear (if necessary)
10. A list of last minute special instructions or contact number changes
11. Your travel itinerary

Should your pet sitter have to purchase necessary pet supplies, you will be charged for all such sundries plus our \$15 shopping fee.

Supply Recommendations