



New Client Contract

Client Information

Name: _____

Address: _____

Phone #: _____ Phone #: _____

Alternate #: _____ Email: _____

Garage Code/Door Code: _____ How to enter my home: Front Door Side Door Back Door Garage

Alarm Company: _____ Phone #: _____

Alarm Code: _____ Alarm Password: _____

Cameras are used: yes / no

Please follow us on Facebook, Instagram & Twitter! facebook.com/yourplaceorminepetsittingpa

Join our private Facebook group: Search for YPOM Community and request to join

The group will provide important information regarding schedule changes and other info

Please initial:

_____ I hereby give permission to Your Place or Mine Pet Sitting to use any pictures taken of my pets for social media, promotional or marketing purposes.

Pet Information

Name: _____ Breed: _____

Please circle: Female / Male Spayed / Neutered

Name: _____ Breed: _____

Please circle: Female / Male Spayed / Neutered

Additional Pets: _____

Care instructions:

Feeding

Instructions

Medications:

If Applicable- Any other household needs (i.e. bringing paper/ mail in, watering plants, trash cans out)

*If putting trash out, what day? _____

**** Please list any additional information on the back of this page ****

(Please initial all that apply)

In owners home visits.....

_____ I give the Your Place or Mine Pet Sitting team permission to enter my home.

_____ I agree to the rate of \$_____ per a visit

_____ I understand that morning visits will not be scheduled before 6:30 am and bedtime visits will not be scheduled later than 9pm

_____ **I understand I am to leave payment at the time of service. We will not hold or take postdated checks.**

_____ I understand I can pay via cash, check or personal pay pal

_____ I understand if I am delinquent in paying for service that I will be required to prepay for all future services.

_____ I have requested and viewed Your Place or Mine Pet Sitting's liability insurance, dishonesty bond, and all member's criminal background checks.

_____ I understand that if I require Your Place or Mine Pet Sitting to drop off or pick up my key for sitting needs I will be charged \$10 for each trip.

_____ I assure there are no cameras in the bathrooms.

_____ I am aware that cameras in bathrooms will result in immediate termination of service from Your Place or Mine Pet Sitting.

_____ I understand that if I need to cancel any visit I must do so at least 4 hours prior in order to be refunded for said visit. Any visits cancelled less than 4 hours prior will be charged at full cost.

_____ I understand that my requested visits will be scheduled during a 2 hour window. Your Place or Mine Pet Sitting will not guarantee any visit at an exact time.

_____ I understand that Your Place or Mine Pet Sitting liability insurance will not cover damages during a shared sit in which the homeowner schedules someone other than Your Place or Mine Pet Sitting to be in the home and tend to the pets.

_____ I understand that Your Place or Mine Pet Sitting cannot guarantee last minute visit requests. All visits should be scheduled at least 48 hours prior to ensure availability.

_____ I understand that I must schedule all pet care needs through Jess or Matt. I am aware that If I try to make reservations through any Your Place or Mine Pet Sitting employee privately that YPOM will terminate all services with me

Move in service....

_____ I give the Your Place or Mine Pet Sitting team permission to enter my home.

_____ I agree to the rate of \$_____ per 24 hrs.

_____ I understand that a member of the Your Place or Mine Pet Sitting team will live their normal life from my home while not being gone any longer than 4-5 hours at a time.

_____ I understand that I am to leave payment at time of service. **We will not hold or take postdated checks.**

_____ I understand I can pay via cash, check or personal pay pal.

_____ I understand if I am delinquent in paying for service that I will be required to prepay for all future services.

_____ I have requested and viewed Your Place or Mine Pet Sitting's liability insurance, dishonesty bond, and all member's criminal background checks.

_____ I assure there are no cameras in private areas such as the bathrooms and bedrooms during the move in service dates.

_____ I am aware that hidden cameras will result in immediate termination of service from Your Place or Mine Pet Sitting.

_____ I have reviewed with Your Place or Mine Pet Sitting where to sleep and if appliances are okay to be used.

_____ I understand that Your Place or Mine Pet Sitting liability insurance will not cover damages during a shared sit in which the homeowner schedules someone other than Your Place or Mine Pet Sitting to be in the home and tend to the pets.

_____ I understand that once move in service dates are given to Your Place or Mine Pet Sitting, my spot is guaranteed. If I must cancel service I must do so 1 week prior to the start date. If I cancel less than 1 week prior a \$100 cancellation fee will be incurred.

_____ I understand that I must schedule all pet care needs through Jess or Matt. I am aware that if I try to make reservations through any Your Place or Mine Pet Sitting employee privately that YPOM will terminate all services with me

Lodging in our home.....

_____ I agree to the rate of \$_____ per a day

_____ I understand I am charged per day, not night or 24 hours

_____ I guarantee that my pet gets along with kids, dogs, and cats.

_____ I have supplied appropriate vaccine information for my pet.

Required for Dogs: Distemper, Bordatella & Rabies

Required for Cats: Distemper, Rabies, Negative Feline Leukemia/ AIDS test

_____ I understand that pick up and drop off is by appointment only. Your Place or Mine Pet Sitting will schedule drop off and pick ups between 6am and 10pm. Appointments are scheduled the day before drop off or pick up date.

_____ I understand I must supply food for my pet. Treats will be supplied unless the pet requires a special diet.

_____ I understand if my pet requires medications I must bring everything needed to administer it. (i.e. peanut butter, lunch meat, or needles)

_____ I understand Your Place or Mine Pet Sitting is not responsible for any lost or damaged items if I choose to bring something.

_____ I understand that if my pet requires the use of pee pads or diapers I must supply these items.

_____ I understand that I am to pay at the time of pick up.

_____ I understand I can pay via cash, check or personal pay pal.

_____ I understand that my reservation is guaranteed so I must cancel at least one week prior to the drop off day. A \$50 cancellation fee will be incurred for last minute cancellations or no shows.



Veterinarian Information & Release for Medical Treatment

Veterinarian Name: _____

Address: _____

Phone #: _____

I hereby give Your Place or Mine Pet Sitting permission to seek medical treatment for my pet in my absence from

Date: _____ to Date: _____

I authorize using this credit card information:

Credit Card #: _____

Expiration: _____

Code: _____

If bill is less than \$ _____

Name: _____ Date: _____

Please call me for payment information

Name: _____ Date: _____

(Please give to your veterinarian prior to departure date)