

New Client Packet

Welcome to Dee's Pet Care!

My name is Deanne, but my friends and their pets call me, "DeeDee." I am the sole owner of Dee's Pet Care, and it is my wish to be of service to you, and your pets.

Whether it is Pet Sitting, House Sitting, or Pampering your Pooch – it's my goal to provide to you a service that you can depend on.

In this packet, you will find the information and forms to help you get started. If you have any questions along the way, please do not hesitate to call.

I'm looking forward to developing a lasting relationship with you and your pets!

Sincerely,

DeeDee Siegel

Client Information

Date: _____

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Referred by: _____

Pet Name: _____ Breed: _____

Emergency Contacts:

Name: _____ Home Phone: _____

Cell/Work: _____ Relation: _____

Address: _____

Utility Company: (Emergency Only)

Electric Company: _____ Phone: _____

Water Company: _____ Phone: _____

Pet Information

(Please complete one form per pet)

Owner: _____ Pet Name: _____

Length of time owned: _____ Pet Type: Dog / Cat / Caged

Breed: _____ Sex: M / F ID Chipped: Y / N Tag: Y / N

Description: _____ Birth Date: _____ Or Age: _____

_____ Weight: _____ Or Size: _____

Feeding Instructions:

- Feed supervised
 Leave food out
 Dispose of leftover food

Dry	Amount		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Directions
Wet	Amount		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Directions
Treats	Amount		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Directions
Medication	Amount With treat		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Directions

Living Areas:

<input type="checkbox"/> Not allowed outdoors <input type="checkbox"/> Only allowed outdoors on leash <input type="checkbox"/> Invisible fenced yard, pet with collar <input type="checkbox"/> Secure fence front yard back yard <input type="checkbox"/> Not allowed indoors	<input type="checkbox"/> Allowed on furniture <input type="checkbox"/> Crate (when) <input type="checkbox"/> Areas restricted (describe)
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Veterinarian Authorization

To the veterinarian: In my absence, Deanne Siegel, owner of **Dee's Pet Care**, has my permission to transport my pet(s) to and from your office for treatment. I authorize you to treat my pet(s) and I will be fully responsible for all related expenses, not to exceed the following amounts for each pet.

Pet Name: _____ Maximum amt \$ _____

Pet Name: _____ Maximum amt \$ _____

Pet Name: _____ Maximum amt \$ _____

Pet Name: _____ Maximum amt \$ _____

In addition, I authorize you to provide any necessary information about diagnosis, treatment and follow-up care of my pet(s) to Deanne Siegel.

This consent has no expiration date. Copies of the signed consent have the same force and effect as my original signature. Please file this form with my records.

Client Name(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

~Please advise **Dee's Pet Care** of **any** change in preferred veterinarian clinic.~

Pet Guardianship

In the unfortunate event that you should become unable to care for your pet(s) while in my care, please name the person(s) who should be contacted to become guardian.

Please be sure the named person(s) is/are aware of you appointing them as guardian of your pet(s).

In the event of an emergency, which incapacitates me, I authorize **Dee's Pet Care** to turn my pet over to:

Name: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

Relationship: _____

Client/Owner _____

Date _____

Guidelines & Policies

Reservations

It is best to plan a couple of weeks in advance in order to obtain services on the dates you desire. An in-home interview is required, prior to reservations, for all new clients. While I can tentatively pencil in your dates, I must meet you, your pet(s), and review your needs before I can make a commitment to providing your pet's care.

Initial meeting (Free)

When I visit your home for the first time, I will spend time getting acquainted with you and your pet(s). You should plan for this meeting to be about one-hour long. We will review forms and sign agreements. If you received my New Client Packet prior to this visit, please have the client and pet profiles completed.

Keys

Dee's Pet Care will obtain your two house keys during the initial visit when service is scheduled and agreements are signed. I cannot pick up keys that are hidden or left with neighbors, relatives or friends, nor can I leave the keys with friends, relatives or neighbors. The second key is for a backup. This is for the safety and care of your pet(s).

Extended Absence

In the event you have to be away longer than planned, it is mandatory that I hear from you. I will only accept extensions of service by direct confirmation. Your pets' well being depends on our communication! Payment for services will be due on return.

"I'm Home" calls

Please remember to call when you have returned home safely! Otherwise I will need to continue visiting to assure the safety and well being of your pet(s). Additional trips will be added to your bill at the regular rate, *unless you fail to notify me, and then the rates will double.*

Holidays

The following holidays have a \$5.00 per day added to the regular rate of pay.

Thanksgiving Day	New Year's Eve
Christmas Eve	New Year's Day
Christmas Day	Memorial Day
July 4 th	Labor Day

Pet Sitting

Client's fees for scheduled visits are due in full during the initial interview, or at the time reservations are made.

Fees for unplanned expenses or emergencies will be billed at the end of service and due upon return, i.e., Pet Food, Kitty Litter, Cleaning Supplies (paper towels, stain removers, etc.). There will be a \$20.00 charge as well as reimbursement if I have to restock depleted supplies.

Returned checks

Client agrees to pay a \$25.00 fee for each check returned by the client's bank regardless of reason.

Acceptable methods of payment

Cash, check or money orders. Coming soon – Credit Card payments online through PayPal.

Bonus Services

While caring for your pet(s), I can, with your permission, bring in the mail, newspaper and packages, water your plants (within reason), open and close blinds, and turn on or off your stereo; all to give your home the appearance that someone is living there.

Transportation Services

Small to medium dog transportation is available if your pet needs to go to the veterinarian, or training classes. You will need to provide carriers, leashes, collars, and all updated vaccination paperwork for this service, as most pet care professionals require this before they will render services.

Please notify me if you need to cancel, otherwise, a non-cancellation fee will be accessed.

Visitors

Please notify **Dee's Pet Care** if others (maids, friends, family members, etc.) will have access to your home during your absence. The police will be called on all intruders or suspicious acts without exception!

Unsecured Pets

Dee's Pet Care will not be responsible for free-roaming or outdoor pet(s) in the event of illness, injury, loss or death. It is strongly advised that all pets have some form of permanent ID and that they remain inside the home or confined to a yard or pen for their own safety and welfare in your absence.

It is client's sole responsibility to pet-proof any areas of the home and/or property to which the pet(s) has access. This includes thoroughly inspecting fences, gates, latches, doors and other devices meant to contain the pet or restrict access to specific areas.

Dee's Pet Care will not be responsible if your pet(s) causes any harm to any person or animal while the pet(s) is in my care. It is the client's sole responsibility to properly train your pet(s) and keeping their yards pet-proofed.

Privacy/Discretion

Your privacy is of the utmost importance and I will not disclose to anyone that you are away. Your keys are coded and kept in a secure location.

I have read and agree to the above policy.

Initialed _____ Date _____

Service Contract

This contract is by and between **Dee's Pet Care** of Bend Oregon, owned by Deanne Siegel, and owner of pet:

Clients' Name: _____

Services

I, authorize Deanne Siegel, owner of **Dee's Pet Care** to perform pet care services as outlined on the "**Guidelines & Policies**" section, which shall become part of this contract. If my pet(s) become ill while under the care of **Dee's Pet Care**, I authorize the Deanne Siegel, to care for, and transport my pet(s) to my veterinarian (or one who is available) if this is deemed necessary. I authorize **Dee's Pet Care** to approve any emergency treatment recommended by the veterinarian and I agree to pay promptly for charges incurred. (*Placing a credit card on file at their office is recommended.*) I release **Dee's Pet Care** from all liabilities related to transportation, treatment, and expense. In the event of severe weather I authorize Deanne Siegel to use her best judgment in caring for my pet(s) and home.

Payment

Pet care services will be determined at time of scheduling. Rates for subsequent services are subject to change. If you return before scheduled visits are complete, or if you no longer require the Services of **Dee's Pet Care**, and fail to adequately notify her that you no longer need her services, any visit or trip resulting from such shall be compensated at agreed rate.

I agree to reimburse **Dee's Pet Care** for any additional fees for tending to emergency or veterinary care as well as expenses incurred for any other unexpected home, food, or other special needs.

I agree to pay, in full, for selected services prior to booking.

If I am unable to return by scheduled date, I agree to pay in full at time of my return.

In addition, I understand that any unpaid balance remains unpaid beyond the thirty day period, a finance charge of 1 1/2% per month (18% per annum) will be added to the unpaid balance.

There will be a \$25.00 handling charge for checks returned, for any reason.

Liability

I waive and relinquish any and all claims against **Dee's Pet Care**, except those arising from negligence on **Dee's Pet Care's** part.

If a pet has a history of biting, **Dee's Pet Care** reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. I understand that I will be liable for the sitter's medical care expenses and damages that result from an animal bite.

Dee's Pet Care is not liable for possible loss, or damage that occurred from others who enter your residence for any purpose while **Dee's Pet Care** is caring for your pet(s).

Plants

Dee's Pet Care is not responsible for wilted, dead or otherwise unhealthy plants. **Dee's Pet Care** will 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 pet sitter is not responsible for water damaged areas or missed plants.

Vaccinations

Vaccinations are mandatory if your pet(s) are to leave their home boundaries.

I understand and agree to the above.

By: _____
Deanne Siegel, Dee's Pet Care

By: _____
Client/Owner

Date

Date