



Andrew Farrell  
Owner

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**American Red Cross Pet First Aid Certified  
Fully Bonded and Insured**

**SERVICE CONTRACT  
CLIENT PROFILE**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date Desired for Pet Sitting: \_\_\_\_\_

Directions to your house: \_\_\_\_\_

Alternate phone numbers to contact you – Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have a security system? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what is the code: \_\_\_\_\_ Password: \_\_\_\_\_

Please list anyone who might have access to your home: \_\_\_\_\_

**We care about your Pets. Please tell us as much information about them as you can:**

Pet's name: \_\_\_\_\_

Age and gender: \_\_\_\_\_

Color: \_\_\_\_\_

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

Medication: \_\_\_\_\_

Exercise: \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

A.M. Diet: \_\_\_\_\_

P.M. Diet: \_\_\_\_\_

Any special routines: \_\_\_\_\_

Favorite toy and location: \_\_\_\_\_

Food / treats / leash located: \_\_\_\_\_

Litter pan located: \_\_\_\_\_

Does your pet suffer from separation anxiety? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what are some of the symptoms we might expect? \_\_\_\_\_

Does your pet have a history of illness or biting? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Who is your vet? And where are they located? \_\_\_\_\_

Are your pets current on all vaccinations? \_\_\_\_\_

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

**Delivery of Services:**

1. The term of this contract is from \_\_\_\_\_ through \_\_\_\_\_  
Sitter's first day Sitter's last day
2. Fee per visit \$ \_\_\_\_\_ X days \_\_\_\_\_ + any additional charges \$ \_\_\_\_\_ = Total Fee \$ \_\_\_\_\_. Additional visits made or services performed shall be paid for and agreed upon at the contract rate.
3. I, or my homeowner's insurance, will be responsible for any injury (i.e. dog bite) incurred while on my premises to perform the assignment of this contract.
4. In the event of inclement weather, my pet sitter may use discretion and best judgment in caring for my pet(s) as well as my home.
5. I authorize Luv Em and Leash Em, LLC to perform care and services as outlined in this contract. I am also authorizing by my signature below emergency veterinary care, releasing you from all liabilities to transportation and expense. Should my specified veterinarian be unavailable, I authorize my pet sitter to engage the services of a veterinarian of this company's choice. I authorize Luv Em and Leash Em, LLC to approve any medical and/or emergency treatment recommended by a veterinarian. I will reimburse the company for expense incurred, plus any additional fees for attending to this as well as expenses incurred for any other unexpected home / food / supplies needed.
6. Luv Em and Leash Em, LLC, its employees and independent contractors agree to provide the services stated in this contract 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 said company, its employees and independent contractors, except those arising from negligence on the part of the pet sitter.
7. I understand that this contract is the only invoice I will receive and take full responsibility for prompt payment of fees upon completion of services contracted. No refunds shall be given for vacationers that return early due to inclement weather.
8. I further authorize this contract to be valid approval for future services permitting Luv Em and Leash Em, LLC to accept my telephone reservations for service and enter my premises without additional signed contracts or written authorization.
9. Neither your pet sitter nor Luv Em and Leash Em, LLC will be liable for injury, disappearance or death of any pet(s) who is allowed free run out of doors.
10. There will be a \$30.00 fee for all returned checks.
11. I have reviewed this service contract for accuracy and agree to all conditions and terms written within this form.

Date

Client Signature

Pet Sitter