



# Service Agreement

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between Little Buddies Pet Care, Ltd. (hereinafter "Pet Sitter") and \_\_\_\_\_ (hereinafter "Owner").

## PURPOSE OF AGREEMENT

The purpose of this agreement is to state the duties and obligations of the Pet Sitter and Owner, respectively, concerning the care and handling of the animal(s) described below:

Pet Sitter \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

## SUBJECT OF AGREEMENT

The animal(s), which are the subject(s) of this agreement, are fully described below. The Owner hereby affirms that the information provided is true and correct, and agrees to indemnify and hold harmless the Pet Sitter for any damages that may result to the animal(s), to the Pet Sitter, to the Owner, or to third parties from inaccurate information being provided herein:

## INFORMATION ABOUT THE ANIMAL(S)

**Name 1** \_\_\_\_\_  
Date of birth/Gotcha date and/or Age \_\_\_\_\_  
Sex Female Spayed Female Male Neutered Male  
Breed/Species \_\_\_\_\_ Color \_\_\_\_\_  
Describe fully any previous displays of aggression of ANY TYPE (including aggression towards other animals or people) \_\_\_\_\_  
Chronic illnesses/conditions \_\_\_\_\_

Copy of vaccination record provided Yes No

**Name 2** \_\_\_\_\_  
Date of birth/Gotcha date and/or Age \_\_\_\_\_  
Sex Female Spayed Female Male Neutered Male  
Breed/Species \_\_\_\_\_ Color \_\_\_\_\_  
Describe fully any previous displays of aggression of ANY TYPE (including aggression towards other animals or people) \_\_\_\_\_  
Chronic illnesses/conditions \_\_\_\_\_

Copy of vaccination record provided Yes No

**Name 3** \_\_\_\_\_  
Date of birth/Gotcha date and/or Age \_\_\_\_\_  
Sex Female Spayed Female Male Neutered Male  
Breed/Species \_\_\_\_\_ Color \_\_\_\_\_  
Describe fully any previous displays of aggression of ANY TYPE (including aggression towards other animals or people) \_\_\_\_\_  
Chronic illnesses/conditions \_\_\_\_\_

Copy of vaccination record provided Yes No

**Name 4** \_\_\_\_\_  
Date of birth/Gotcha date and/or Age \_\_\_\_\_  
Sex Female Spayed Female Male Neutered Male  
Breed/Species \_\_\_\_\_ Color \_\_\_\_\_  
Describe fully any previous displays of aggression of ANY TYPE (including aggression towards other animals or people) \_\_\_\_\_

Chronic illnesses/conditions \_\_\_\_\_

Copy of vaccination record provided Yes No

**The above-described animal(s) are referred to herein as “the Animal(s)”.**

**VETERINARY INFORMATION**

Name \_\_\_\_\_  
Hospital/Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

**AUTHORIZATION**

The Owner hereby authorizes and empowers the Pet Sitter to walk/exercise the Animal(s) in the designated locations and public areas, enter the home, feed the animals, or perform other duties as agreed upon.

**INDEMNIFICATION AND HOLD HARMLESS**

The Owner hereby agrees to indemnify and hold harmless the Pet Sitter, or the Pet Sitter’s duly authorized agent, from any and all liability that may result from the following: any injuries inflicted by the Animal(s) on other animals, on the Pet Sitter, on the Owner, or on third parties; any injuries that may be suffered by the Animal(s); destructive behavior in the house/house soiling. (Valuables and sentimental items should be safely stored.)

Relatives or other contact person (if the Owner cannot be reached) \_\_\_\_\_  
Emergency contact number(s) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_

**CLEANING PROCEDURE/SOLUTIONS**

The Owner must choose and leave the appropriate carpet/floor cleaner for the Handler. Food dyes and natural pet body fluids can bleach and stain carpeting and are beyond the Pet Sitter’s control.

**KEYS**

The owner must provide two sets of keys, one for the Pet Sitter to carry and one to leave at the Pet Sitter’s home. Owner has checked that all keys work. Keys are not to be left hidden outside by the Owner or Pet Sitter. Who else has a key to the Owner’s house? \_\_\_\_\_  
Contact information? \_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name \_\_\_\_\_

Pet Sitter signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name \_\_\_\_\_