



# Pet Sitting Agreement

This agreement for Pet Sitting Services is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between (Chester County Dog Walkers), hereinafter referred to as (CCDW) and \_\_\_\_\_ hereinafter referred to as "Pet Owner" or "Client".

Client's Name:  Mr.  Mrs.  Ms. \_\_\_\_\_  
First Name Last Name Pets Name

Client's Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date Client Leaving: \_\_\_\_\_ Time: \_\_\_\_\_ Date Client Returning: \_\_\_\_\_ Time: \_\_\_\_\_

Date 1<sup>st</sup> visit to be made: \_\_\_\_\_  Morning \_\_\_\_\_  Noon \_\_\_\_\_  Evening \_\_\_\_\_ Overnight \_\_\_\_\_

Visit(s) to be made by pet sitter each day:  Morning \_\_\_\_\_  Noon \_\_\_\_\_  Evening \_\_\_\_\_ Overnight \_\_\_\_\_

Date last visit to be made: \_\_\_\_\_  Morning \_\_\_\_\_  Noon \_\_\_\_\_  Evening \_\_\_\_\_ Overnight \_\_\_\_\_

Extra visits on first day \_\_\_\_\_ Extra visits on last day \_\_\_\_\_

## !!! PLEASE LEAVE FEEDING & MEDICATION INSTRUCTIONS OUT FOR YOUR PET SITTER !!!

Key received:  Yes  No Qty: \_\_\_\_\_ Key Carrier: \_\_\_\_\_

Garage door opener received:  Yes  No

Key/Garage door opener to be returned:  Left on final visit, location \_\_\_\_\_

Wifi Network Name \_\_\_\_\_ Password \_\_\_\_\_

Total # of visits to be made \_\_\_\_\_ at \$ \_\_\_\_\_ Check# \_\_\_\_\_

Weekend Fee \_\_\_\_\_ at \$ \_\_\_\_\_ Amount received \$ \_\_\_\_\_

After Hour Fee \_\_\_\_\_ at \$ \_\_\_\_\_

Total amount due: \$ \_\_\_\_\_

**50% of Payment MUST BE RECEIVED prior to departure!!!**  
**Cancellations within 48 hours prior to scheduled Pet Sit, will be subject to a 25% cancellation fee.**

Signature of Pet Owner:

\_\_\_\_\_

\_\_\_\_\_ Date