



401 Everts St, NE #401

Washington, DC 20017

It is important that you provide all of the information below so that we have the correct contact information on file. Please note: **Anytime K9** uses email to send invoices and confirmation of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact our office immediately so we may update your records.

Type of service

Cats and Small Pets (One visit per day)

___ Daily:\$20 ___ 3 Day Package: \$52 ___ 5 Day Package: \$88 ___ 10 Day Package: \$175

Dogs (In home pet sitting- Guaranteed 3 walks per day)

___ Daily at \$90 per day ___ 3 days at \$80 per day ___ 5 days at \$75 per day
___ 10 days at \$70 per day

***Note: Reservations must be made 3 days in advance and cancellations must be made 24 hours in advance. All packages expire after 90 days.**

Services to begin on : _____, _____
Month Day Year

Please note that Anytime K9 Walkers will only walk dogs that use the collar types listed below.

- Flat Buckle
- Body harness
- Head harness (e.g., Gentle Leader or Halti)

Client Profile

Client Name: _____

Address: _____

City: _____ Zip Code: _____

Wk Phone _____ H Phone _____

Mobile Phone / Pager _____

Other _____

E-mail Address: _____

Daily updates? ___ Yes ___ No How preferred?

Do you own or rent your home? ___ Own ___ Rent If renting, landlord's name and
telephone # (in the event of emergency) _____

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone</u>	<u>Key ?</u>
_____	_____	_____	___ Yes ___ No
_____	_____	_____	___ Yes ___ No
_____	_____	_____	___ Yes ___ No

Does **anyone** else have access to your property during your absence (housekeeper, gardener, pest control, relative or friends)?

Location of Main water turn off _____

Location of electrical panel box _____

Do you have homeowner / liability insurance that would cover your home in an emergency, or Injuries caused, in the event of bites, scratches, mauls, etc.? Yes No

If yes, who is your carrier and agent?

Which car/truck will be at home? _____

Would you like Anytime K9 to bring in mail / newspapers? Yes No - is your mailbox locked? Yes No

If Yes, where is the key? _____ Box # _____

Adjust lighting Yes No

Adjust Window coverings Yes No

Radio/TV

Yes No

Water Plants Yes No

Take garbage out - When _____

Do you have a security system ? Yes No

Advise Company you are using our

service.!

Name of Security

Service _____ **Phone** _____

Entry Code: _____ Exit Code: _____ Password: _____

Location _____

Where is the nearest phone? _____

Miscellaneous Instructions _____

KEYS: ___ Keep for future visits ___ Return Due to security concerns, Anytime K9 will **NOT** leave keys locked inside your home. Returned keys will result in a pick up fee for future services.

Please notify us upon your return to avoid additional fees for additional visits.

Where is the best place for your sitter to park, while conducting visits?

Pet Profile

Pet Name _____ Breed/Physical Description _____
Type cat /dog/other _____ Sex M / F Spay/Neuter Y / N Birthday __/__/____ Wt _____

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Type cat /dog/other _____ Sex M / F Spay/Neuter Y / N Birthday __/__/____ Wt _____

Where will your pet(s) be when your sitter arrives for your visit (crated, in kitchen, in bedroom, etc)? *We will assume this is where your pet should remain when no one is home, unless you specify other instructions here.*

Has your pet(s) ever bitten a person or animal? Y / N If yes, please describe in detail.

Please describe your pet's behavior towards new people.

Please describe your pet's behavior towards other animals.

Instructions for Pet Sitting

1. Feeding Instructions

2. Pet food/treat location?

3. Please describe your pet's behavior around food and water dishes, toys and bones.(Aggressive or guarding, playful, etc.)

4. Please list any ongoing medications that your pet takes and directions for administration.

5. Where do you keep the leash and/or litter box and cat carrier?

6. Where do you keep your cleaning supplies?

7. Where would you like for your sitter to dispose of your pet's waste?

8. Are there any places in your home where your pet may hide?

9. Please provide any additional instructions that you would like to pass on to your pet sitter.

Weather Policy

Cold Weather

Anytime K9 follows the federal government inclement weather policy. If an inclement weather closing occurs (heavy snow or icy conditions) during pet sitting, we will make every attempt to make each scheduled visit. If we are unable to fulfill our obligation, we will contact you.

Extreme Heat

For the safety of your dogs and our sitters, days where a heat advisory is in effect and air quality is at Code Orange or Code Red, we will shorten all mid-day and evening walks. Walks will also be shortened during heavy rain or thunderstorms.

Payment

Anytime K9 will accept payment in the form of cash, personal checks or through our website via Paypal. All payments must be made in advance of services. Please make checks payable to Anytime K9. Clients will receive an invoice via email once a completed and signed agreement is received.

Terms of Agreement for Pet Care

This signed document is an agreement between **Anytime K9, LLC**. and _____ (Client) for pet care services beginning on _____ until _____. **Anytime K9** agrees to provide pet care services to Client pursuant to this agreement, and in a reliable, trustworthy, and caring manner.

PET CARE

1. I authorize **Anytime K9** to perform pet care services as outlined in Client Profile, Pet Profiles, and Policies and Procedures which is a part of this contract.
2. I authorize **Anytime K9** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Anytime K9** to utilize an alternative veterinarian in the event my primary

veterinarian is unavailable. I understand that every effort will be made to contact the owner prior to obtaining emergency care.

3. **Anytime K9** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. Pet care will be performed only by **Anytime K9** staff and/or employees during all assignments unless prearranged with client (i.e., in the event of Anytime K9 owner or employee being on vacation, etc.)

4. I agree to reimburse **Anytime K9** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.

5. **Anytime K9** agrees to provide the services stated in this agreement 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 **Anytime K9**, its employees or assignees, except those arising from proven negligence of the pet sitter.

6. **Anytime K9** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.

7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless **Anytime K9** in the event of a claim by any person injured by the pet.

8. **Anytime K9** reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time. There is no term of contract for daily service.

9. It is expressly understood that **Anytime K9** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised **Anytime K9** of all situations, which will relieve it of liability for damage.

10. Fees are earned upon acceptance of pet sitting reservations and are due weekly. No refunds will be given for cancelled visits once time has been reserved. Clients must give a minimum of 24

hours notice to receive credit against future visits, which is given at the discretion of **Anytime K9**. A fee of \$ 25 will apply to all returned checks. Client is responsible for all costs of collection.

11. I attest to the fact that all licenses and vaccinations required by the State, City, and/or the County in which I reside are current according to the law. _____ (initial here)

12. I authorize this contract to be valid approval for future services so as to permit **Anytime K9** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

I have completed and signed required veterinary release forms and my primary veterinarian will be notified with the accompanying letter and envelope provided.

I have read and agree to the aforementioned Policies and Procedures which are a part of this agreement. I have been provided with a signed copy for my records.

Signed _____ Date _____

Anytime K9 Representative _____ Date _____

Addendum A

I, _____, as the legal owner/agent of the pet(s) noted in this agreement, do hereby state the following information is true and complete to the best of my knowledge. I understand the Company may utilize some or all of this information during the dog(s) training program and I have taken special care to present the information in an accurate fashion.

VETERINARY INFORMATION

Name: _____

Address: _____

Phone Number: _____

VACCINATION RECORDS

PLEASE LIST ANY MEDICAL CONDITIONS

I hereby give permission to Anytime K9 staff to telephone my Veterinarian to verify my pet's vaccination status (DHLLP-c, Rabies) (please initial) _____