



# Johnstown Pet Services

Johnstown Pet Services  
495 Leventry Rd.  
Johnstown, PA 15904  
814.254.4021  
JohnstownPetServices.com

## CLIENT INFORMATION WORKSHEET & PET SITTER AGREEMENT

### Client Contact Information

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ 2<sup>nd</sup> Mobile Phone: \_\_\_\_\_  
E-mail Address(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact Information (Must live in the local area)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

### Home Security Information

Do you have a security alarm?  Y  N Alarm Directions/Code: \_\_\_\_\_  
Does anyone have a key to your home?  Y  N  
Name & Number: \_\_\_\_\_  
Is anyone expected at your home during your absence?  Y  N  
Who? \_\_\_\_\_ When/Why? \_\_\_\_\_

### Home Maintenance

Location of Main Water Valve: \_\_\_\_\_  
Location of Electrical Panel Box: \_\_\_\_\_  
Location of Pool filter, Sprinkler valve ect: \_\_\_\_\_

### No-Fee Additional Services

Which of the following no-fee services would you like provided to you? Please check all that apply.  
 Rotation of Blinds/Curtain     Bring in Newspaper & Mail     Rotation of Lighting  
 Rotation of A/C or Heat     Day to set out Garbage Cans     Water Indoor Plants

Additional Home instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Releases**

**Veterinarian Release**

Veterinarian name, location/address & number: \_\_\_\_\_

Dear Veterinarian Hospital,  
In my absence, Johnstown Pet Services will be caring for my pet(s) and they have been instructed to transport my pet(s) to your office to be seen for emergency treatment. I authorize you to treat my pet(s) and I will be responsible for payment of their treatment to you upon my return.

\_\_\_\_\_  
Client Signature Date

**Locksmith Release**

Dear Locksmith Service,  
In my absence, Johnstown Pet Services will be caring for my pet(s) inside my home. It is imperative that Johnstown Pet Services have entry into my home. I authorize you to execute lock services for key or lock malfunctions on my property, and I will be responsible for payment of said services to you upon my return.

\_\_\_\_\_  
Client Signature Date

**Pet Guardianship**

In the event that I may be incapacitated due to severe injury or death while my pet is under the care of Johnstown Pet Services, I authorize that my pet(s) be turned over to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Client Signature Date

**Ready Key Program**

I hereby certify that I am providing a key(s) to Johnstown Pet Services. I authorize Johnstown Pet Services to enter my home for pet sitting services, upon my request via telephone, email, or in person. I also understand that Johnstown Pet Services will retain my key(s) for use the next time services are needed. I understand that keys will not be left at my house and I will be charged a fee of \$5.00 to return key(s). I release Johnstown Pet Services from any liability connected to the detainment of my house keys. My signature below indicated agreement to these terms.

\_\_\_\_\_  
Client Signature Date

Consultation fee \$20:  
Key tag color:

## Service Agreement

This pet sitting service agreement is made between Johnstown Pet Services and hereinafter referred to as "JPS", and the below named Client, hereinafter referred to a "Client" for pet sitting services.

1. Client agrees to pay JPS for all services rendered, on the first day or the commencement of service, unless otherwise specified and agreed to. Failure to pay all invoices due to JPS will result in a \$30 fee for served certified letter, \$70 court appearance fee and all court costs, \$150 fee to file for levy of property as well as \$450 levy fee.
2. Client certifies that he/she is the actual owner of the pet(s) indicated on the Pet Profile Sheets.
3. Client releases JPS to perform services as stated in the Client Information Worksheet, and permits JPS to enter Client's home upon Client's request for service made via telephone, e-mail, or in person.
4. JPS will not unlock or open doors and/or gates on Client's property for any person(s), company or service at anytime, for any reason, unless directed by the Client.
5. Client will not hold JPS responsible for any damage to Client's property, property of others, or bodily harm to others, that has been caused by the Client's pet(s).
6. Client (**Vacation, weekend or periodic client**) also agrees to compensate JPS a per visit rate, if he/she does not notify JPS of any delays in returning home and in the event any unscheduled services are required.
7. Client certifies that his/her pet(s) are current on rabies vaccination and has received other regular vaccinations and/or satisfactory titer level results from a certified veterinarian, as documented on the Pet Profile Information Sheet. Client agrees to provide a copy of the veterinarian certification and agrees to notify JPS when any or all regular vaccines are updated.
8. Client authorizes JPS to obtain emergency veterinarian care, which may become necessary while Client's pet(s) are under the care of JPS. If Client's preferred veterinarian is not accessible, JPS is authorized by the Client to seek another veterinarian.
9. Client is responsible for all veterinarian and emergency expenses, as indicated in the Veterinarian Release segment above. Client understands that JPS will not lend money for or cover any veterinary expenses.
10. Client agrees to pay JPS for emergency pet sitting at the hourly rate of \$39.00, which includes but is not limited to, transportation of the pet(s) to veterinarian office and time spent at the veterinarian's office. Client releases JPS from any and all liability related to transportation, veterinarian treatment and expenses.
11. Client certifies that the Emergency Contact person named above has been notified that he/she has been designated as the person who will make decisions on the Client's behalf in the case of an emergency. The Client agrees to notify JPS immediately, should he/she change the Emergency Contact person.
12. Client certifies that the Pet Guardian named above has been notified that he/she has been designated as the person who will take responsibility of the Client's pet(s), should the Client suffer severe injury or death. The Client agrees to notify JPS immediately, should he/she change the Pet(s) Guardian.
13. JPS is entrusted to exercise the best judgment under circumstances of a natural disaster, a state of emergency, war, or act of God in caring for the Client's pet(s) and property. JPS shall be held harmless for the inability to visit Client's property during such particular times.
14. Client agrees that JPS will not be liable for the injury, disappearance, death or fines of any pet(s) that are left with unsupervised access to the outdoors.
15. Client agrees that JPS will not be liable for any damages resulting from the performance of additional services, including but not limited to, wilting or dead indoor or outdoor plants, damage to trash cans by trash service, damaged mail or newspaper. Such additional services will be performed by JPS specifically as requested and instructed by Client.
16. Client warrants that pet(s) to be cared for have no history of vicious or violent behavior.
17. Client agrees to compensate JPS for any liability or damages suffered by JPS due to any vicious or violent behavior by the pet(s) to be cared for, whether or not such behavior exists.
18. Client agrees to lock all windows, screens, and doors prior to leaving his/her home unattended for the safety and security of the Client's pet(s), property and that of JPS.

19. Client agrees to have sufficient pet food, pet medication, pet cleaning supplies and other important pet supplies readily available to JPS prior to departure. In the event of pending rain or inclement weather, Client agrees to have towel(s) available to dry off pet(s) who will be taken outside by JPS. Client agrees to reimburse JPS for all re-supply of products that may become necessary for the satisfactory performance of duties. Client agrees to compensate JPS for trips made to the store for such products at \$29.00 per trip.
20. Client agrees to pay a fee of \$45.00 per returned check, and agrees to be responsible for any and all costs associated with collection proceedings.
21. In the event of personal emergency, illness or injury to JPS, Client authorizes JPS to arrange for another qualified individual to fulfill the responsibilities set forth.
22. JPS agrees to provide services as discussed, in a timely, reliable, and caring manner.
23. Client releases JPS from any and all liability arising out of the services provided, except for direct injuries to the pet(s) or to tangible property resulting from JPS gross negligence or intentional misconduct.

By signing this agreement, client affirms they have received a copy of the Policies and Procedures of Johnstown Pet Services and agree to the contents therein. Client has read the terms of this agreement and confirms the accuracy of the information provided in the Client Worksheet. The signatures below indicate agreement to these terms.

Client Signature	Date	Johnstown Pet Services	Date
Client Printed Name	Date		

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## PET INFORMATION

Pet Name: _____	Additional Pets: _____
Pet type: cat/dog/ _____	
Breed: _____	
Physical description (if similar to another): _____	
Sex: M/F      Neutered/Spayed: Y/N	
Date of Birth: _____	Or age: _____
Weight: _____	Or size: _____
Length of time owned: _____	

**Emergency Care:** Placing credit card on file at vets office is recommended

Vet Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet allergies: \_\_\_\_\_

Vaccinations up to date? (month/year): \_\_\_\_\_

Rabies? \_\_\_\_\_

Distemper? \_\_\_\_\_

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments, medication)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Feeding instructions:

- Feed apart from other pets/supervise     
  Dispose of uneaten food     
  Pick up uneaten food before leaving

<input type="checkbox"/> Dry      Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> AM  <input type="checkbox"/> Noon <input type="checkbox"/> Supper  <input type="checkbox"/> Bed Time	Procedure:
<input type="checkbox"/> Wet      Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> AM  <input type="checkbox"/> Noon <input type="checkbox"/> Supper  <input type="checkbox"/> Bed Time	Procedure:
<input type="checkbox"/> Medications  Amount: Location: Hide in treat:		<input type="checkbox"/> AM  <input type="checkbox"/> Noon <input type="checkbox"/> Supper  <input type="checkbox"/> Bed Time	Procedure:
<input type="checkbox"/> Medications  Amount: Location: Hide in treat:		<input type="checkbox"/> AM  <input type="checkbox"/> Noon <input type="checkbox"/> Supper  <input type="checkbox"/> Bed Time	Procedure:
<input type="checkbox"/> Water	Fresh water will be provided at each visit	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled  <input type="checkbox"/> Filtered	Dish location:  Water location:
<input type="checkbox"/> Treats      Name: Amount: Location:		Notes:	

## Pets Living Area

- |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Not allowed outdoors at any time<br><input type="checkbox"/> Only allowed outside on leash<br><input type="checkbox"/> Let out, unsupervised, invisible fence yard <b>with collar</b><br><input type="checkbox"/> Let out, secure fence:<br><input type="checkbox"/> Let out, unsupervised, no fence, but does not leave yard<br><input type="checkbox"/> Not allowed indoors | <input type="checkbox"/> Allowed on furniture, counters, bed<br><input type="checkbox"/> Restrict pet area/crate when pet is alone<br><input type="checkbox"/> Restrict pet area/crate at all times<br><input type="checkbox"/> Restricted area/crate location:<br>Other off limits locations: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How were you referred to us?