

In-Home Pet Sitting Agreement and Questionnaire

Please list the names, breeds, age and any special requirements of the pets we will be caring for.

Name	Age	Breed	Food/Toys/Treats	Special Requirements/Other Info
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:

In-Home Boarding Agreement and Questionnaire

Please list the names, breeds, age and any special requirements of the pets we will be caring for.

Name	Age	Breed	Food/Toys/Treats	Special Requirements/Other Info
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:
			Allergies y / n Food poss. y / n Toy poss. y / n Crated y / n	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Medications:

Elite CARE Services

Pet care services in your home.

◆ P.O. Box 778 Winona Lake, IN 46590 ◆ 260.312.0548 ◆ ecarehelp@animalcareresources.com ◆

In-Home Boarding Agreement and Questionnaire

For the best care and treatment of each animal, please complete this agreement thoroughly. This contract is a binding agreement between Elite CARE Services LLC and owner(s) _____. If unforeseen circumstances arise to the extent that services will not be needed, email or text communication should supersede this agreement.

Location of services needed: _____

How will we access the house (ex: key, garage code): _____

If using a key lockbox, which entry door do you prefer the lockbox be placed? _____

1. *Duration of Services:* The owner(s) agrees to pay the rate of _____ per day for boarding services. Dates of boarding will begin _____. The owner(s) will be returning on _____.
2. *Injury/Illness:* The owner(s) agrees to pay for any specialized treatment of care for the animal(s) during the pet sitting period. Specifically, if the pet becomes ill and is in need of medical treatment, the owner(s) will be contacted immediately and must make payment arrangements with the veterinary facility of their choice, listed on this document. If the owner(s) and/or the listed veterinarian cannot be immediately contacted, Elite CARE Services will provide medical attention at their discretion, or transport the pet to a veterinary facility at the discretion of Elite CARE Services' manager. The owner(s) will still be held responsible for medical bills accumulated under these circumstances.
3. *Current Information:* By signing this contract and leaving their pet with Elite CARE Services the owner(s) agrees all information on this agreement is current.
4. *Health Concerns:* The owner(s) agrees to report any health concerns before services are provided. Elite CARE Services cannot be held liable for geriatric pets or situations where severe health concerns exist.
5. *Photography:* By signing this agreement, the owner(s) agrees to allow photography and videography of their pets to be displayed on social media platforms, websites, and other world wide web platforms. The owner gives Elite CARE Services permission to use the Images depicting the pets and surrounding property in any Media, for any purpose, which may include, among others, advertising, promotion, marketing and packaging for any product or service. The owner(s) understands and agrees

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Owner and Emergency Contact Information

Owner Name: _____

Address: _____

Email: _____

Contact Phone Number: _____

Emergency Contact: _____

Where will you be staying? _____

Veterinarian Information: _____

Elite CARE Services, LLC

Date _____

Gabby Hull, Manager

Owner(s) Name (printed) _____

Signature: _____

