

PAWS SIT STAY



Agreement

Client Name:

Address:

Phone:

Cell:

In Case of Emergency (ICE):

NAME: _____

ADDRESS _____

PHONE NUMBER: _____

RELATIONSHIP: _____

Cats Name:

Age: Breed: Sex Neutered/Spayed

Color/ Markings :

Days & Times Visits Required

Characteristics:

Feeding:

Issues:

Cats Background:

Veterinarian:

PAWS SIT STAY



ADDITIONAL COMMENTS / SPECIAL REQUIREMENTS:

Cash / No Cheques

Acknowledgement/ Agreement

Signing below acknowledges that PAWS SIT STAY personnel may enter your home for the purpose of overnight visits and sitting with your pet. Paws Sit Stay and its personnel shall assume no liability for any illness or injury caused to your pet, or any other persons, pets or property. If your pet becomes injured or ill Paws Sit Stay is hereby authorized to take your pet to your veterinary and you the owner shall pay such expense. Keys to access your home will be safely kept with your sitter.

Signature:

Date