

PAWS SIT STAY



Agreement

Client Name: _____
Address: _____
Phone: _____
Cell: _____
Email _____

In Case of Emergency (ICE):

Name: _____
Address _____
Phone Number: _____
Relationship: _____

Pets Name(s): _____

Age: _____ **Type/ Breed:** _____ **Sex:** Female / Male

Color/ Markings: _____

Pets Name(s): _____

Age: _____ **Type/ Breed:** _____ **Sex:** Female / Male

Color/ Markings: _____

Pets Name(s): _____

Age: _____ **Type/ Breed:** _____ **Sex:** Female / Male

Color/ Markings: _____

Pets Name(s): _____

Age: _____ **Type/ Breed:** _____ **Sex:** Female / Male

Color/ Markings: _____

Pets must be healthy and free of any contagious illnesses

PAWS SIT STAY



Days & Times sitting Required _____

Characteristics:

Eg. Ice Cubes on hot days, Cats are allowed outdoors etc

Feeding: _____

Issues: _____

Pet's Background: _____

Veterinarian: _____

ADDITIONAL COMMENTS / SPECIAL REQUIREMENTS:

Cost: # of Days @ \$ per day Cash / No Cheques

Paws Sit Stay requires 72 hours notice of cancellation.

Acknowledgement/ Agreement

Signing below acknowledges that PAWS SIT STAY personnel may enter your home for the purpose of visits 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. Please note we require a 50% non refundable deposit at time of booking.

Owners Signature:

Date

Date

PAWS SIT STAY

2-2357 Queen Street East
Toronto, Ontario M4E 1H2
416-804-5545