



### Spoiled Rotten Pet Sitting Contract

**\*\*Please print clearly in ink. Fill in all applicable fields to the best of your knowledge\*\***

Name \_\_\_\_\_  
Phone Cell \_\_\_\_\_ Additional Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
How did you find us? (Friend, Website, Search, Other)

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### **Emergency Contact**

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Key: Y / N

Should we be expecting anyone in your home during your absence? Y / N  
If yes, Who? \_\_\_\_\_

Alter Lights/Blinds? Y / N Turn on TV/Radio? Y / N  
Bring in Mail? Y / N Water Plants? Y / N

If you are leaving a key, would you like for us to hold onto it for future pet sits? This helps in the event of short notice requests. Keys are always kept in a secure location unidentifiable to any unauthorized person. Yes No N/A Please initial here: \_\_\_\_\_

## Spoiled Rotten Pet Profile

Pets Name: \_\_\_\_\_ Dog / Cat / Other: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
Male / Female Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Is your Pet allowed Outdoors? Y/ N Does your pet try to escape? Y/ N

Daily Feeding Routine & Medication Requirements:

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Special handling/Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.)

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Would you like to receive updates on your pet during our visit? Y/ N

If so, please circle how you would like to receive updates? Text    Email

Other, please specify: \_\_\_\_\_

## Spoiled Rotten Pet Profile (2nd pet)

Pets Name: \_\_\_\_\_ Dog / Cat / Other: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
Male / Female Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Is your Pet allowed Outdoors? Y/ N Does your pet try to escape? Y/ N

Daily Feeding Routine & Medication Requirements:

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Special handling/Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.)

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## VETERINARIAN RELEASE FORM

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Spoiled Rotten Pet Care before service dates.

Your Name \_\_\_\_\_

**To whom it may concern:** During my absence a representative of Spoiled Rotten Pet Care will be caring for my pet(s). I give Spoiled Rotten Pet Care my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Spoiled Rotten Pet Care to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Domestic Animals: \$ \_\_\_\_\_ Specific limits on care: \_\_\_\_\_

Spoiled Rotten Pet Care reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic/Address: Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize veterinary treatment for my animal(s) during my absence. I understand that Spoiled Rotten Pet Care assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

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



## Spoiled Rotten Pet Care Contract

I do hereby waive and release Spoiled Rotten Pet Care (SRPC) from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of SRPC. SRPC agrees to provide all services in a kind, reliable, and trustworthy manner. In the case of an emergency, inclement weather, or a natural disaster I authorize SRPC to use their reasonable judgment for the care and well-being of my pet(s) and/or house. I understand that SRPC can terminate this contract if my pet becomes a threat to the safety or health of SRPC due to aggressive behavior. I entrust SRPC to contact me in any and all cases if this threat should arise. SRPC reserves the right to refuse service to any client, at any time, for any reason. I agree to adhere to the policies listed on Spoiled Rotten Pet Care's website. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above, I will inform SRPC before the next service is scheduled to begin. This signed document gives SRPC (and their representatives) authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit SRPC to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signed Name

Please make a copy of this contract for your records.  
Questions? Please contact us at:

Spoiled Rotten Pet Care  
San Antonio, TX 78213  
(210) 800-6592  
Email: [SAspoiledrotten@gmail.com](mailto:SAspoiledrotten@gmail.com)  
Web: [www.saspoiledrotten.com](http://www.saspoiledrotten.com)

