



BOARDING SERVICE AGREEMENT

PET SITTING & DOG WALKING

Date: _____ File #: _____ Phone #: _____

Pet Name(s): _____

This agreement is effective from _____ to _____ between Muddy Paws Pet Sitting & Dog Walking and _____, hereinafter referred to as *Client*, who resides at _____.

Phone #: _____ Cell #: _____ Additional #: _____

CONTACT INFORMATION IN CASE OF AN EMERGENCY

Name: _____ Contact #: _____

This agreement constitutes permission to board said animal and perform duties as stated in the relevant Pet Information Disclosure.

Any changes to this agreement must be done so in writing or they will be null and void. Muddy Paws Pet Sitting & Dog Walking has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

TYPE AND NUMBER OF ANIMAL(S) BEING BOARD

_____ Dog _____ Cat _____ Small Animal _____ Bird
_____ Other, please specify type: _____

Animal(s) Name: _____

Overnight care is from 6 p.m. until 8 a.m. and charged at a rate of \$40. Daily hours apply to day of pick up at a rate of \$2.50 per hour.

PAYMENT TYPE FOR SERVICES

_____ Cash _____ Check* _____ Pay Pal

Total Amount due at time of drop off: _____

In the event of a returned check, the Client must pay the **entire invoice and a \$50 return check fee promptly via cash or money order only.*

By signing below the Client fully understands and agrees to the contents of this agreement:

CLIENT NAME (printed): _____

CLIENT SIGNATURE: _____ DATE: _____



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This form will be used to admit the pet at each booking. It will be logged with the information sheet(s) filled out at the initial evaluation. If there are any changes with your pet, such as diet, bite history, vaccination history, etc. please remark below. ***Please note new pet additions must fill out new Pet Information Disclosure.*

DATE(S) OF SERVICE

From: _____ To: _____

(Please use the following date format: DAY/MO/DATE/YR Ex: Monday, February 1st, 2006)

Time of Drop Off: _____ Time of Pickup: _____

FLIGHT INFORMATION

Expected time of departure: _____ Expected time of return: _____

Airline/Airport: _____

Flying to: _____

Arriving Flight Number: _____ Departing Flight Number: _____

HOTEL INFORMATION

Hotel Name: _____

Hotel Phone #: _____

By signing below the Client certifies all information is correct to the best of their knowledge:

CLIENT NAME (printed): _____

CLIENT SIGNATURE: _____ DATE: _____

Invoice will be delivered with payment due in full at time of drop off.