



**WHPS Client Feedback Form
WHPS Client Service Agreement**

CLIENT SERVICE AGREEMENT

PERSONAL INFORMATION:

Name (1): _____ Cell Phone: _____
Home Phone: _____
Name (2): _____ Cell Phone: _____
Work Phone: _____
Address: _____
Home Phone: _____ Email Address: _____
Name(s) of Emergency Contact(s): _____
Home Phone: _____ Cell Phone: _____
Do they have a key to your home? _____ Additional Key: _____

PET INFORMATION

Pet Name (1) _____ Breed _____ Age ____ Description _____
Feeding Instructions: (am., md., pm. or 1x/day & amt.) _____
Exercise (pls. circle) A/M, M/D, P/M Mode of exercise (if applies) _____
Meds and history of illness (current rabies vaccine docs.) _____

Pet Name (2) _____ Breed _____ Age ____ Description _____
Feeding Instructions: (am., md., pm. or 1x/day & amt.) _____
Exercise (pls. circle) A/M, M/D, P/M Mode of exercise (if applies) _____
Meds and history of illness (current rabies vaccine docs.) _____

Pet Name (3) _____ Breed _____ Age ____ Description _____
Feeding Instructions: (am., md., pm. or 1x/day & amt.) _____

Exercise (pls. circle) A/M, M/D, P/M Mode of exercise (if applies) _____
Meds and history of illness (current rabies vaccine docs.) _____

Pet Name (4) _____ Breed _____ Age ____ Description _____
Feeding Instructions: (am., md., pm. or 1x/day & amt.) _____
Exercise (pls. circle) A/M, M/D, P/M Mode of exercise (if applies) _____
Meds and history of illness (current rabies vaccine docs.) _____

Pet Name (5) _____ Breed _____ Age ____ Description _____
Feeding Instructions: (am., md., pm. or 1x/day & amt.) _____
Exercise (pls. circle) A/M, M/D, P/M Mode of exercise (if applies) _____
Meds and history of illness (current rabies vaccine docs.) _____
Crate Location(s) _____
Vet's Name _____ Name of Facility _____
Address _____ Phone _____
Can WHPS use our vet, or a 24 hr. vet (if after hours) in case of an emergency? _____

HOME INFORMATION

ALARM _____ ENTRY CODE _____ EXIT CODE _____
ALARM COMPANY _____ PHONE _____ PASSWORD _____
LANDLORD NAME _____ PHONE _____
KEYCODE TO GARAGE _____



CIRCLE : HEAT: OIL GAS ELECTRIC (only fill out if you cannot be reached)
ELECTRICIAN _____ PHONE _____ PLUMBER _____ PHONE _____

LOCATIONS

LEASH/HARNESS _____ PET FOOD _____ MEDS _____
LITTER BOXES _____
LITTER _____ PLASTIC BAGS _____ TOWELS _____
PAPERTOWELS _____ CLEANING PRODUCTS _____
WHERE TO DISPOSE OF WASTE (LITTER, ETC.) _____
GARBAGE CANS/RECYCLING, PICK UP DAY _____
LIGHTS _____ TIMERS _____ MAIL _____ PLANTS _____ OTHER _____

SERVICE INFORMATION

DATE AND TIME LEAVING TOWN _____ DATE/APPROX. HOUR OF RETURN _____
START DATE AND TIME _____ END DATE AND TIME _____

OF VISITS PER DAY DATE :
____ MONDAY _____ ____ MONDAY _____
____ TUESDAY _____ ____ TUESDAY _____

___ WEDNESDAY _____	___ WEDNESDAY _____
___ THURSDAY _____	___ THURSDAY _____
___ FRIDAY _____	___ FRIDAY _____
___ SATURDAY _____	___ SATURDAY _____
___ SUNDAY _____	___ SUNDAY _____

CANCELLATION POLICY: 48 HR. ADVANCED NOTICE BY CLIENT ONLY AND CONFIRMED WITH WHPS STAFF ONLY

Kimberly Thomas
 West Hartford Pet Sitters, LLC
 P.O. Box 330514
 West Hartford, CT 06133-0514

The undersigned having entered into an agreement with West Hartford Pet Sitters, LLC, hereinafter referred to as "WHPS", of even date herewith, agrees that the following terms and conditions shall be in addition to the terms and conditions contained in the agreement. The undersigned agree to the following:

1. The undersigned will provide an adequate food supply to feed the pets while WHPS is caring for said pets. If the undersigned fails to do so, WHPS may provide food which shall be charged to the undersigned at the cost plus \$10.00.

2. The undersigned authorized WHPS to seek emergency veterinarian care for their pets if in the opinion of WHPS such treatment is necessary. This agreement shall constitute the undersigned's authorization to the veterinarian to provide said treatment. The undersigned agrees that the cost of said treatment shall be at the undersigned's expense and agree to hold WHPS free and harmless from said expense. In the event prepayment is required, the undersigned agrees to reimburse WHPS within forty-eight (48) days of receiving a copy of the bill. This paragraph shall not be construed to require WHPS to pay for any such treatment in advance if WHPS chooses not to do so. In the event the undersigned's veterinarian is unavailable, WHPS shall select a veterinarian of their choice and the undersigned shall pay for all expenses of treatment as stated above.

3. The undersigned agree to hold WHPS free and harmless from any claims for the death of their pets or the theft of any property from the premises unless caused by the gross negligence of WHPS. The undersigned further agrees to hold WHPS free and harmless from any damage that may be done to the home or the furnishings contained therein by their pets and from any claims or suits that may result from injuries to any person or property on any person which is caused by their pets and agrees to indemnify WHPS for any losses and expense which WHPS may sustain as a result of such damage or loss unless caused by the gross negligence of WHPS.

4. 100% deposit is required at the signing of this contract. Visit fee \$ _____. A ½% (18% per annum) will be added to unpaid balances in excess of thirty (30) days. A \$20 fee will be added for all returned checks.

I agree to pay the charges as noted above and accept any fees due to any changes in service provided, short notice given or peak and holiday vacation times.

WHPS is not liable for any damage that could result from other parties' negligence if they are present in the home during the visit(s).

Client Signature _____

Print Name _____

WHPS, LLC _____