



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

CLIENT INFORMATION

Client's name: _____

Home / Cell / Work Phone: _____ Email: _____

Address: _____

Emergency Contact / Phone: _____

(Someone who is reachable when Client is not available)

Home Information

Gated Community Code: _____ Key Received & Tested?: Y / N Mailbox #: _____

Security system (yes / no) / Location(s): _____ Code: _____

Key Return Instructions: _____ / Retain Key Copy

☐ Newspaper ☐ Lights ☐ Drapes ☐ TV/Radio ☐ Litter ☐ Garbage ☐ Other: _____

Instructions: _____

_____ (additional instructions written on back)

Water indoor plants: _____

Water outdoor plants: _____

☐ I certify that above information is true and correct to the best of my knowledge, and that I will notify Kris Cabreira's Sit & Stay Services of my changes prior to the beginning of any services rendered.

☐ **50% payment MUST be received on the first day of pet sitting service**

☐ **It is my responsibility to contact Kris Cabreira's Sit & Stay Services if I (or any household member) will return early / late from an absence**

☐ **I have signed and received Kris Cabreira's Sit & Stay Services Proposal and Contract (page 7-9)**

CUSTOMER PRINT NAME: _____

CUSTOMER SIGNATURE: _____



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

PET CARE INFORMATION

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet(s) reaction to owners' absence: _____

Pet Waste / Disposal: _____ Indoor "Accident" Cleanup: _____

☐ **SEE PET CARE INSTRUCTIONS FROM OWNER**



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

PET CARE INFORMATION (*Page 2 if needed*)

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard?: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet(s) reaction to owners' absence: _____

Pet Waste / Disposal: _____ Indoor "Accident" Cleanup: _____

☐ **SEE PET CARE INSTRUCTIONS FROM OWNER**



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

PET CARE INFORMATION (*Page 3 if needed*)

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet Name: _____

Sex: M/F Age: ____ Species: _____ Breed: _____ Color: _____

Medication: _____ Location: _____

Illness Hx: _____

Feeding: _____ Location: _____ Treats: _____

Daily Exercise: _____ Leash Location: _____

Pet secured in home / yard: _____ Pet Likes/Dislikes: _____

Notes: _____

Pet(s) reaction to owners' absence: _____

Pet Waste / Disposal: _____ Indoor "Accident" Cleanup: _____

☐ **SEE PET CARE INSTRUCTIONS FROM OWNER**



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

VETERINARY TREATMENT AUTHORIZATION FORM

THIS FORM WILL BE USED TO AUTHORIZE TREATMENT IN THE EVENT THAT THE OWNER'S PET(S) REQUIRE(S) A VETERINARIAN DURING THE OWNER'S ABSENCE.

Client Name: _____

Home / Cell / Work Phone: _____ Email: _____

Address: _____

Emergency Contact / Phone: _____

Kris Cabreira's Sit & Stay Services reserves the right to utilize the services of any available veterinary clinic. If time permits and if during regular business hours, Sitter will do their best to utilize your primary veterinarian.

PRIMARY CLINIC: _____ PHONE: _____

To Whom It May Concern:

The Owner has contracted pet services from Kristopher Cabreira during their absence. The Owner authorizes Kris Cabreira's Sit & Stay Services to act on their behalf with limited power of attorney to request treatment and services if necessary. The Owner, _____, accepts full responsibility for any charges incurred in the treatment of the owner's pet(s), not to exceed the following amount for each pet:

Pet Name: _____ Description: _____ Max Amt: \$ _____

Pet Name: _____ Description: _____ Max Amt: \$ _____

Pet Name: _____ Description: _____ Max Amt: \$ _____

☐ **Option 1: The Owner understands that treatment must be paid for at the time service is rendered. If an attempt to reach the Owner by phone is unsuccessful, charge the amount to the following credit card:**

Card #: _____ Name on Card: _____ Exp Date: _____

Owner signature: _____ Date: ____/____/202__

☐ **Option 2: Veterinarian clinic needs to call the owner to obtain financial information**



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

**THIS FORM WILL BE USED FOR OWNER'S INTENTIONS AND WISHES IN THE EVENT THE PET(S)
BECOME(S) SERIOUSLY ILL AND/OR DIE DURING THE OWNER'S ABSENCE**

I, _____, the Owner, wish my pet(s) name(s): _____

to be (*provide specifics, e.g. take your pet(s) to the vet to hold for pick up or take your pet to the vet for
communal cremation/private cremation*):

I understand the Kris Cabreira's Sit & Stay Services Sitter assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

Owner signature: _____ Date: ____/____/202__



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

PROPOSAL AND CONTRACT

TODAY'S DATE: ____/____/202__

For the purposes of this document, the term Owner is the person contracting services for one or more domestic animals. The term Company is Kris Cabreira's Sit & Stay Services.

PROPOSAL SUBMITTED TO (OWNER): _____

WORK TO BE PERFORMED AT: _____

With payment as follows:

Total amount: \$_____ (Breakdown \$_____ daily*)

***Daily = rate imposed no matter how many hours Company is at the address above**

100% of the payment is due upon contract signing

****A charge of \$10 per day will be added to the total if it is not received within 7 days of first work day, noted below**

CASH or CHECK accepted only.

Check # _____ Date# _____

Work is to be performed within ____ (Month) ____ (Day) to ____ (Month) ____ (Day) of 202__.

Any alteration or deviation from the dates involving work will require an extra charge of 10% and the regular daily charge (see above).

- There will be a **\$25 service charge** for each returned check.
- Cancellation Policy
 - **Cancellations (regardless of reason) for visits within 72 hours will be charged in full.**
 - **Cancellations (regardless of reason) for holiday visits within 72 hours will be charged double.**

Initial each item below:

- Plant, Tree, and Grass Care
 - ___ Company is not responsible for wilted, dead or otherwise unhealthy plants. The Sitter will work hard to follow your written directions as precisely as possible, however cannot be responsible if the results are not favorable. **Please mark all in-door plants accurately**, as the Sitter is not responsible for water damaged areas or missed plants.
 - ___ Watering of plants, etc. will be accomplished only in the manner directed by the Owner.



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

- Household / Property Care / Security of Premises
 - Company is not responsible for damage to the home. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, the company will attempt to contact the customer and then the emergency contact before making a subjective decision on dealing with the problem. All repairs and related fees (including Special Service emergency service time and coordination fees) will be paid by the client, or fully reimbursed to the Company within 14 days.
 - Company is not responsible for any damage to property of the client or others unless such damage is caused by the negligent act of the Sitter. The company accepts no responsibility for loss to the premises if other individuals have access to a client's home, or if the home is not properly secured.
 - Owner is responsible for pet-proofing house and yard, and the security fences / gates / latches. The company will not be responsible for the safety of any pet(s) and will also not be liable for the death, injury, disappearance, or legal consequences of any pet with unsupervised access to the outdoors.
 - Company is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. Owner agrees to secure home prior to leaving the premises. Company will attempt to re-secure the home to client instructions at the end of each visit. While keys are in the possession of the Sitter, they will be either on the Sitter's physical person, or be properly secured.
- Household / Property Care / Security of Premises
 - Owner is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet(s), including but not limited to a sturdy, well-fit harness (halter, collar, etc.) for walks or in case of emergencies, firmly affixed vaccination tags, a lead rope or leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. Owner authorizes any purchases necessary for the satisfactory performance of duties. The Owner agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse Sitter within 7 days for all purchases made.
 - Owner will be responsible for all medical expenses and damages resulting from an injury to a Sitter, or other persons, by the pet. Owner agrees to indemnify, hold harmless, and defend Sitter, in the event of a claim by any person injured by the pet(s).
 - It is suggested that arrangements be made with someone to evacuate your pet(s) in case of a disaster or weather related event/crisis/"Code Red". The Sitter will definitely try to see to your pet(s) safety/care should such events occur, but cannot guarantee it.
 - Owner must have legal rights to place the animals in the care of Sitters, kennels, and veterinary clinics. The Sitter cannot service a home with "Visiting" pet(s) or animal(s) that do not belong to the resident of the service site without separate sets of agreement forms, including a Contract, accepted/signed by each rightful owner(s).



Kris Cabreira's Sit & Stay Services

<https://www.kcsitstay.com> / Business License: 017300

➤ Legal issues

- ___ Owner must have homeowners or renters insurance that will cover any injuries suffered by Sitter (e.g. due to pet(s) behavior, household incident, etc.). If no insurance is available, the Owner agrees to pay all medical bills.
- ___ Owner's pet(s) must have level of training Sitter approves before services are rendered (Owner must have proof of training on first day of sitting).
- ___ Company agrees to provide agreed upon services in a manner that is trustworthy, caring and dependable. In consideration of the services as an express condition thereof, the owner expressly relinquishes any and all claims against the company / Sitter, except those arising from negligence.
- ___ Owner agrees to discuss any concerns with the Company within 24 hours of return after service.
- ___ This agreement is valid only for the date signed and replaces any prior Contract. Owner agrees to any future Company changes relayed verbally to the owner, mailed, or emailed in writing to the Owner, or posted on our website.
- ___ Owner agrees to release Company from any liability that may arise as a result of damage to property, and injury to or death of pet(s).
- ___ This contract may be terminated by either party by giving thirty days written notice to the other party and all dues paid before thirty days.
- ___ Sitter may use their discretion to stop and end service at any time that a pet or household poses a danger to the safety or health of itself, other pet(s) or other people. If concerns prevent the Sitter from continuing services for a pet, the Owner authorizes the pet to be placed in a kennel, or previously arranged locale if possible. All subsequent charges, including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability, are to be the responsibility of the Owner.
- ___ At the time that service is booked, the Owner will notify the Sitter of everyone who has been granted access to the home during the service period. All other individuals that visit the home will leave a log of their visit or prior approval / notification from the Owner.
- ___ Future services: Owner authorizes this contract to be valid approval for services for the dates above in the proposal and to permit the company to accept all future telephone, online, e-mail reservations, and to enter the Owner's home to provide services without additional signed contracts or written authorizations for these other services.

The Owner states that he/she has read this contract in its entirety and fully understands and accepts its terms and conditions. All above prices, specifications are satisfactory and are hereby accepted. Payment will made as outlined above.

OWNER'S NAME (PRINT): _____

OWNER'S SIGNATURE: _____ Date: ____/____/202__

