

**ALWAYS THERE PET CARE L.L.C.**  
**130 WEST JEFFERSON STREET**  
**FALLS CHURCH, VIRGINIA 22046**  
**703-237-5522**

**INSTRUCTIONS:**

DATE AND TIME FOR SERVICE TO BEGIN: \_\_\_\_\_

DATE AND TIME FOR SERVICE TO END: \_\_\_\_\_

(Please call our office confirming you are home)

**FEEDING INSTRUCTIONS:**

PET(S) NAME:	TYPE OF FOOD	AMOUNT/ INSTRUCTION:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE PETS SECURED IN HOME OR YARD? \_\_\_\_\_

HOW DO PET(S) REACT TO YOUR ABSENCE FROM HOME? \_\_\_\_\_  
\_\_\_\_\_

ARE YOU AWARE OF ANY REASON WE SHOULD APPROACH ANY OF YOUR PETS WITH CAUTION?  
\_\_\_\_\_  
\_\_\_\_\_

TO YOUR KNOWLEDGE, DOES YOUR PET(S) HAVE ANY MEDICAL CONDITION WE SHOULD BE AWARE OF?  
EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

IS THEIR GOING TO BE ANYONE ELSE VISITING YOUR HOME WHILE WE ARE THERE?  
(LANDLORD, CLEANING SERVICE, PLUMBER, ETC.) \_\_\_\_\_

NAME \_\_\_\_\_

IF YOUR PET(S) SHOULD HAVE AN ACCIDENT, WHAT KIND OF CLEANING SUPPLIES DO YOU USE?  
\_\_\_\_\_

DO WE HAVE PERMISSION TO RENT A CARPET CLEANER IF NECESSARY? \_\_\_\_\_

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**WHICH ANIMAL HOSPITAL ARE YOU PRESENTLY TAKING YOUR PET(S) TO?**

HOSPITAL NAME: \_\_\_\_\_

VETERINARIAN'S NAME: \_\_\_\_\_

RABIES VACCINE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SHOULD ANY MEDICAL PROBLEMS OCCUR, DOES ALWAYS THERE PET CARE L.L.C. HAVE YOUR PERMISSION TO TAKE THE PET(S) TO A VETERINARIAN FOR TREATMENT?

\_\_\_\_\_  
(Please make payment arrangements with your veterinarian clinic or through ALWAYS THERE PET CARE L.L.C.)

**PLEASE LIST AT LEAST TWO NUMBERS FOR YOU AND AN EMERGENCY CONTACT:**

(NAME)

- 1) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_
- 2) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_
- 3) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

OUR SERVICE ALSO INCLUDES SWITCHING ON/OFF LIGHTS, WATERING PLANTS, TRASH DISPOSAL / RECYCLING, AND BRINGING IN MAIL AND NEWSPAPERS. PLEASE LIST SPECIAL INSTRUCTIONS IF NECESSARY:

LIGHTS: \_\_\_\_\_  
\_\_\_\_\_

PLANTS: \_\_\_\_\_  
\_\_\_\_\_

WHERE TO PUT THE MAIL & NEWSPAPER: \_\_\_\_\_  
\_\_\_\_\_

DAYS FOR TRASH & RECYCLING: \_\_\_\_\_  
WHERE SHOULD WE PLACE THEM? \_\_\_\_\_

DO WE HAVE PERMISSION TO TURN ON AND OFF T.V. OR RADIO TO COMFORT PETS AND DETURE UNWANTED GUESTS IN YOUR ABSENCE? \_\_\_\_\_

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**PLEASE CHOOSE AN OPTION:**

- 1) RETURN KEY BY MAIL \_\_\_\_\_
- 2) KEEP KEY FOR FUTURE VISITS \_\_\_\_\_
- 3) LEAVE ON FINAL VISIT \_\_\_\_\_
- 4) RETURN IN PERSON (\$3.00 FEE) \_\_\_\_\_
- 5) OTHER \_\_\_\_\_

The utmost of care will be given in watching both your pet(s) and your home. However, do to the extreme unpredictability of animals, we can not accept responsibility for any mishaps of any extraordinary or unusual nature (i.e., biting, furniture damage, medical illness, accidental death, etc.) or any complications administering medications to the pet. Nor can we be liable for injury, disappearance, death, or fines of pet(s) with access to the outdoors.

I hereby authorize ALWAYS THERE PET CARE L.L.C. to transport my pet(s) to my veterinarian in the event of an emergency in my absence. I understand that ALWAYS THERE PET CARE L.L.C. is not liable for injuries incurred during transport.

I give permission for ALWAYS THERE PET CARE L.L.C. to be in my home and to care for my pet(s).

ALWAYS THERE PET CARE L.L.C. would like to have two copies of your key for a backup. If you prefer to leave a key in a hiding place around your home, please let us know. We will not be held accountable for any keys left on the premises prior to our scheduled visits. If you ask that we leave the key in that hiding place after each visit, we are not accountable for the key(s). In the event that the pet sitter is required to employ a locksmith to gain entry into clients premises do to a malfunction of the lock or a failure of the client to leave a key, it should be the responsibility of the client to reimburse for all costs incurred. The client expressly gives pet sitter the authority to employ a locksmith on client's behalf in the event of the aforementioned occurrences.

Payment is due in full upon departure. If paying by check can be left at the house before departure. Your check will be picked up on our first visit. If making credit card payments then arrangements must be made prior to departure. You can either call in your credit card number or come in person to pay your balance. If the client does not pay the full balance prior to departing, an automatic late fee of \$20 will apply, and you will be billed for the amount you owe in addition to the late fee. All copies of keys will be returned to the client upon full payment of service, but not until all balances are fully paid to ALWAYS THERE PET CARE L.L.C. (this includes having to clear up any disputes regarding your balance prior to pick-up of keys). Price quotes will be given prior to pet sitting, and any changes necessary will be billed to your home address. Extra services requested (ex. Medication administration, extension of trip, etc.), not known to the office will be billed to your home address.

I have reviewed this service contract and understand the contents of this form.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HAVE A WONDERFUL TIME ON YOUR TRIP  
AND LEAVE THE REST TO US!!!**

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