

CAT & OTHER PET SITTING WAIVER FORM

I understand that I am solely responsible for any harm caused by my pet(s) while my pet(s) is/are attending walks, pet sitting or any activities with **We Let The Dogz Out**.

I also understand and agree that in releasing my pet(s) in **We Let The Dogz Out's** care, **We Let The Dogz Out** has relied upon my representation that my pet(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other pet.

I further understand that due to the way that pets interact with one another, minor cuts and scratches can occur even though the pets are carefully supervised at all times.

While my pet(s) is/are in the care and custody of **We Let The Dogz Out** if I am unreachable in the event of an emergency, I hereby authorize **We Let The Dogz Out**, its agents, and/or representatives to seek immediate veterinary care for my pet. I understand that all costs in connection with, veterinary, medical or other treatment shall be my responsibility.

I hereby release and agree to save and hold harmless, **We Let The Dogz Out**, it's owners, employees, assistants, members and agents from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my pet(s) may sustain or which may be caused in any way by my pet(s). I specifically, without limitation, agree to fully indemnify **We Let The Dogz Out** for any and all such liability, claims, suits, actions, losses, injury or damage.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the Application form completed by me.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate service for every pet. **We Let The Dogz Out** reserves the right to permanently remove a pet from our services at any time.

PET(S) NAME(S) _____

SIGNATURE OF OWNER _____ DATE _____

PRINT NAME OF OWNER _____

WE LET THE DOGZ OUT REPRESENTATIVE _____

CAT & OTHER PET SITTING APPLICATION

Owner Information

Name _____

Address _____

City _____ Zip Code _____

Phone _____

Evening Phone _____

E-Mail Address _____

Emergency Contact _____ Phone _____

Pet Information

Name _____

Breed _____ Color _____

Sex (circle one) F or M Spayed/Neutered (circle one) Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____

Additional Pet(s) Information

Name _____

Breed _____ Color _____

Sex (circle one) F or M Spayed/Neutered (circle one) Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____

Name _____

Breed _____ Color _____

Sex (circle one) F or M Spayed/Neutered (circle one) Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____

General Information

Any medical conditions we need to know regarding your pet?

Please list any meds and/or feeding times you want us to follow.

We Let The Dogz Out will be picking up and dropping off your pet on most occasions. Do you have any special requests? i.e. alarm code set or disarm, heat/ac, television, etc.

Please tell us how you heard about us.