



[Company Name]  
5753 Shady Lane

**Contract # 000 to Perform Animal Care Services for Client Name**

<b>Date</b>	<b>Services Performed By:</b>	<b>Services Performed For:</b>
[Date]	[Company Name] 5753 Shady Lane	Client Name [Client Address] [City, ST ZIP Code]

This Contract is issued pursuant to the Consultant Services Master Agreement between Client Name (“Client”) and [Company Name] (“Contractor”), effective TODAY’S DATE (the “Agreement”). This contract is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this contract and the terms of this Agreement, the terms of this contract shall govern and prevail.

This contract # 000, effective as of TODAY’S DATE, is entered into by and between Contractor and Client, and is subject to the terms and conditions specified below. **This Contract will expire 14 days after the effective date should a signed contract not be received by the Contractor.** The Exhibit(s) to this contract, if any, shall be deemed to be a part hereof. In the event of any inconsistencies between the terms of the body of this contract and the terms of the Exhibit(s) hereto, the terms of the body of this contract shall prevail.

**Scheduled Date & Time of Services**

The Services shall commence on SERVICE DATE. and shall continue through SERVICE DATE.

## Scope of Work

---

Contractor shall provide the Services as follows: Professional Animal Care Services with all applicable clients and client's pets as listed in this contract. **On site location where services are expected**

---

## Contractor Responsibilities

---

**SATISFACTION GUARANTEED:** Services will be completed to client's satisfaction, but is not to exceed allotted service time/date. Ample time is given for each client upon booking. Acceptance of completed service by client is acknowledged by client that services rendered are done to his/her satisfaction.

**LIABILITY:** Must Sign Liability Release and Waiver

---

## Client Responsibilities

---

**CANCELLATION POLICY:** Cancellations must be made (14) days prior to your reserved date or Client will be responsible for the amount of services agreed upon in this contract.

**PAYMENT:** First time clients will be required to make 50% of total cost of services on your reserved day of services and the other 50% of total cost at the end of services. All returning clients will be required to make their payment in full (or pay remaining balance after placing deposit) on the requested start day of services— no exceptions. The person(s) responsible for the entire balance of payment is the person(s) who has signed this contract. All payments can be made cash or check of the Client's preference.

## Fee Schedule

---

This engagement will be conducted on a Services Rendered basis. The total value for the Services pursuant to this Contract shall not exceed \$0.00 (TOTAL AMOUNT) unless otherwise agreed to by both parties. The amended value will be specified on the "Invoice and Contract Signature Page" of this contract.

A deposit of 25% of the total cost of services rendered shall be due on the date of the animal care service or upon receiving of this contract, whichever is first. All deposits are NON-REFUNDABLE and non-transferrable, and are used to secure services for Clients specified time and date of service. All deposits will be applied to the total remaining balance to be collected 14 days prior to the date of specified service. An amended total amount due will be listed on the invoice page of this contract.

**ADDITIONAL ("Last Minute") SERVICE FEES:** If on the day of rendered services there are any additional services required within less than 24 hours, the cost will be as follows for each individual service \$10.00 in addition to total cost of services.

TRAVEL FEES: A travel fee is applied outside of 30 miles of 5753 Shady Lane Nazareth, PA 18064. The travel fee is calculated by an industry standard of \$0.60 per mile multiplied by total miles traveled. Should the number of vehicles needed to transport employees of Let's Make Tracks increase, for any reason at all, the travel fee will be multiplied by the total number of vehicles travelling to the location of where services are being rendered.

PARKING FEES: Where parking, valet or toll fees may be incurred, the amount will be included with the final bill and due for payment on the day of the event.

## Out-of-Pocket Expenses

---

Client will be invoiced all costs associated with out-of-pocket expenses (including, without limitation, costs and expenses associated with, local transportation and any other applicable business expenses detailed on contract and invoice) listed on the invoice as a separate line item. Reimbursement for out-of-pocket expenses in connection with performance of this contract, when authorized and up to the limits set forth in this contract, shall be in accordance with Client's then-current published policies governing travel and associated business expenses, which information shall be provided by the Let's Make Tracks President.

Terms of payment for each invoice are due upon specified due date and/or date of service. Contractor shall provide Client with sufficient details to support its invoices, including services performed and expense receipts and justifications for authorized expenses, unless otherwise agreed to by the parties. Payments for services invoiced that are not received on specified due date of invoice will be subject to a 20% penalty per calendar month.

## Completion Criteria

---

BOOKINGS: To secure a date, a signed contract is required with a 25% deposit due at the time of signing. The deposit is non-refundable and non-transferable. Please be advised, dates and scheduled service times will only be reserved when a signed contract and deposit are received.

CLIENT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE & EMAIL \_\_\_\_\_

SERVICE DATE \_\_\_\_\_

LOCATION NAME&ADDRESS \_\_\_\_\_

PET OWNER \_\_\_\_\_

Is there more than one pet \_\_\_\_\_

Additional Pet Names \_\_\_\_\_

Who will be caring for the pet \_\_\_\_\_

Is there more than one petsitter \_\_\_\_\_

PET INFORMATION

Pet's Name \_\_\_\_\_

Pet's Age \_\_\_\_\_

Pet's Gender \_\_\_\_\_

Pet's Species/Breed \_\_\_\_\_

Please describe any pet features(color, hair/coat type, eye color, type of ears, type of tail etc)  
\_\_\_\_\_

PET CONDITIONS

Does the pet have any health conditions (or concerns the animal caretaker needs to be made aware of) \_\_\_\_\_  
\_\_\_\_\_

Does the pet have any past behavior issues? (past history such as chewing objects and furniture or biting) \_\_\_\_\_

Is the pet on any specific medications (if so please list medication name, dosage, and number of times administered per day) \_\_\_\_\_

Feeding Instructions (Describe feeding as to when pet is fed, dietary restrictions, preferred way of feed (specific place they are feed or commands they need to follow to be fed etc) \_\_\_\_\_

ADDITIONAL PETS

Secondary Pet's Name \_\_\_\_\_

Secondary Pet's Age \_\_\_\_\_

Secondary Pet's Gender \_\_\_\_\_

Secondary Pet's Species/Breed \_\_\_\_\_

Please describe any pet features (color, hair/coat type, type of ears, type of tail, etc)  
\_\_\_\_\_

SECONDARY PET CONDITIONS

Does the pet have any health conditions (or concerns the animal caretaker needs to be made aware of) \_\_\_\_\_  
\_\_\_\_\_

Does the pet have any past behavior issues? (past history such as chewing objects and furniture or biting) \_\_\_\_\_

Is the pet on any specific medications (if so please list medication name, dosage, and number of times administered per day) \_\_\_\_\_

Feeding Instructions (Describe feeding as to when pet is fed, dietary restrictions, preferred way of feed (specific place they are feed or commands they need to follow to be fed etc) \_\_\_\_\_

#### SERVICES INCLUDE

- \_\_\_ Feed the pet(s) and change water bowls
- \_\_\_ Walk and exercise the pet(s)
- \_\_\_ Play with the pet(s)
- \_\_\_ Clean up and dispose of any pet waste
- \_\_\_ Wash and tidy up bowls
- \_\_\_ Brush and wash pet(s)
- \_\_\_ Administer medication
- \_\_\_ Add your own service upon request

#### PET SITTING LOCATION

Street Address (where services will take place) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

#### PAYMENT

Total Cost of Services \_\_\_\_\_

Services will be paid for on \_\_\_\_\_

Payment will be made via (check or cash) \_\_\_\_\_

Animal Caregiver reimbursement for any expenses \_\_\_\_\_

#### VETERINARIAN INFORMATION

Vet's Full Name \_\_\_\_\_

Vet's Street Address \_\_\_\_\_

Vet's City \_\_\_\_\_

Vet's State \_\_\_\_\_

Vet's Zip Code \_\_\_\_\_

Vet's Phone Number \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name \_\_\_\_\_  
 Emergency Contract Street Address \_\_\_\_\_  
 Emergency Contact City \_\_\_\_\_  
 Emergency Contact State \_\_\_\_\_  
 Emergency Contact Zip Code \_\_\_\_\_  
 Emergency Contact Phone Number \_\_\_\_\_

Additional Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Invoice and Contract Signature

This figure is based on the professional services rendered minus deposit and/or other payments received.  
 Contractor will provide services based on the following functional/rate structure.

Service Description	Quantity	Payment Due Date	Amount Due
Housesitting (Dog Rate) ¼ Day		14 Days Prior to Service Date	\$25/per day
Housesitting (Dog Rate) ½ Day		14 Days Prior to Service Date	\$30/per day
Housesitting (Dog Rate) Full Day		14 Days Prior to Service Date	\$35/per day
Housesitting (Each Additional Dog)		14 Days Prior to Service Date	\$13/per night
Housesitting (Puppy Rate)		14 Days Prior to Service Date	\$35/per night
Housesitting (Holiday Rate Dogs)		14 Days Prior to Service Date	\$60/per night
Housesitting (Holiday Rate Puppy)		14 Days Prior to Service Date	\$65/per night
Housesitting (Extended Stay Rate Dogs) 5 consecutive days or more		14 Days Prior to Service Date	\$25/per night
Housesitting (Cat Rate) ¼ Day		14 Days Prior to Service Date	\$10/per night
Housesitting (Cat Rate) ½ Day		14 Days Prior to Service Date	\$12/per night
Housesitting (Cat Rate) Full Day		14 Days Prior to Service Date	\$14/per night
Housesitting (Each Additional Cat)		14 Days Prior to Service Date	\$8/ per night

Housesitting (Holiday Rate Cat)		14 Days Prior to Service Date	\$24/ per night
Housesitting Overnight Fee		14 Days Prior to Service Date	\$5/per night
Housesitting Overnight Fee (Holiday Rate)		14 Days Prior to Service Date	\$10/per night
Drop In Visit (Dog Rate)		14 Days Prior to Service Date	\$20/ per drop in
Drop In Visit (Each Additional Dog Rate)		14 Days Prior to Service Date	\$10/ per drop in
Drop In Visit (Holiday Rate Dogs)		14 Days Prior to Service Date	\$40/ per drop in
Drop in Visit (Puppy Rate)		14 Days Prior to Service Date	\$25/ per drop in
Drop in Visit (Holiday Rate Puppy)		14 Days Prior to Service Date	\$45/ per drop in
Drop in Visit (Extended Rate Dogs 5 consecutive days)		14 Days Prior to Service Date	\$15/ per drop in
Drop in Visit (Cat Rate)		14 Days Prior to Service Date	\$10/ per drop in
Drop in Visit (Addition Cat Rate)		14 Days Prior to Service Date	\$8/ per drop in
Dog Walking (30 Min Walk)		14 Days Prior to Service Date	\$12/per walk
Dog Walking (30 Min Walk Holiday Rate)		14 Days Prior to Service Date	\$24/ per walk
Dog Walking (1 Hour Walk)		14 Days Prior to Service Date	\$20/ per walk
Dog Walking (1 Hour Walk Holiday Rate)		14 Days Prior to Service Date	\$40/ per walk
Each Additional Dog for Walking		14 Days Prior to Service Date	\$7/additional dog
Animal Care Packages		14 Days Prior to Service Date	
Power Pup Deluxe (Housesitting w/30 Minute Daily Walk)		14 Days Prior to Service Date	\$35/ per night
Power Pup Deluxe (Housesitting w/30 Minute Daily Walk Extended Rate)		14 Days Prior to Service Date	\$30/ per night
Power Pup Deluxe (Housesitting w/1 Hour Daily Walk)		14 Days Prior to Service Date	\$45/ per night
Power Pup Deluxe (Housesitting w/1 Hour Daily Walk Extended Rate 5 Consecutive Days)		14 Days Prior to Service Date	\$40/ per night
Spartan Dog Endurance Builder (30-minute Exercise)		14 Days Prior to Service Date	\$25/ per walk
Spartan Dog Endurance Builder (1Hour Exercise)			\$40/ per walk
Travel Fee: Total Round Trip Miles X \$0.60/Mile	____ Total Round Trip Miles	14 Days Prior to Service Date	\$
		Grand Total:	\$

*Deposit (25% of Total)*		*Less Deposit: Due 14 days from receiving Contract:	- (\$)
		Remaining Balance – Due 14 Days Prior To Service Date:	\$

**WITNESS WHEREOF**, the parties hereto have caused this contract to be effective as of the day, month and year first written above. I, \_\_\_\_\_, agree to have my appointments scheduled as needed, and the prices and policies listed in this contract as applicable to my scheduled appointments. I understand and agree to the non-refundable deposit to secure appointments for my party. I agree to pay the complete balance for my wedding party on the day of the wedding listed in this contract. I understand and will comply with the cancellation policy. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the wedding. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Client Name

[Company Name]

By: \_\_\_\_\_  
Name:  
Title:

By: Robert Becker  
Name:  
Title: