



LT Pet Sitting LLC

803 315 9977

3laurathomas@gmail.com

Contract

I do hereby waive and release LT Pet Sitting LLC from any and all liabilities of any nature for the actions of myself, my animal(s), pet(s), or any other person who accompanies me, or holds a key to my home or farm; except those arising from negligence or willful misconduct on the part of LT Pet Sitting LLC. LT Pet Sitting LLC agrees to provide all services in a kind, reliable, and trustworthy manner.

I agree to notify LT Pet Sitting LLC of any concerns within 24 hours of my return.

I acknowledge I am responsible for all medical expenses and damage resulting from my negligence.

In the case of an emergency, inclement weather, or a natural disaster I authorize LT Pet Sitting LLC to use their judgment for the care and well-being of my pet(s), animal(s) and/or house/farm.

I understand that LT Pet Sitting LLC can terminate this contract if my pet/animal becomes a threat to the safety or health of LT Pet Sitting LLC due to aggressive behavior.

LT Pet Sitting LLC will attempt to contact me if any issues/emergencies arise. If LT Pet Sitting LLC cannot reach me or my emergency contacts, I authorize LT Pet Sitting LLC to place my pet(s) in a licensed kennel with all charges arising to be paid by myself.

I understand that animals are unpredictable and that LT Pet Sitting LLC cannot be held responsible for mishaps including, but not limited to, any pet(s)'s refusal to take medication, escaping, biting, eating or destroying household items, damage to the inside or outside of the home, and personal injury or accidental death.

I will leave my credit card information with my preferred veterinarian and notify them if I will be out of contact for any period.

LT Pet Sitting LLC reserves the right to refuse service to any client, at any time, for any reason.

I attest that the information I have given LT Petting Sitting LLC is true to the best of my knowledge. If anything changes, I will inform LT Pet Sitting LLC before the next service is scheduled to begin.

This signed document gives LT Pet Sitting LLC and its representatives authorization to enter the listed address as needed to perform the necessary care as outlined in the attached documents and/or instructions. I authorize this contract to be valid approval for services to permit LT Pet Sitting LLC to

accept all future telephone, on-line, mail, text, or email reservations and enter my home/farm without additional signed contracts or written authorizations.

Animal Care Policies

Feeding & Medication Instructions

LT Pet Sitting LLC requires clear, up-to-date, legible, on-site instructions for the care and feeding of animals. We take notes during our initial visit and discuss updates prior to new visits. However, we require detailed, current instructions on site.

Medications and supplements must be clearly labeled and include detailed, written instructions or we will not administer them. This is to ensure animals receive proper medication. LT Pet Sitting LLC is not liable for adverse reactions to any injections or medications given under the instruction of a veterinarian or the owner.

Crated Animals

Animals in crates must have access to water in the crate at all times unless there is a medical reason. If you are crate training a puppy, more visits may be required to ensure the puppy has adequate access to water.

Shared Care

LT Pet Sitting LLC will not provide care for animals who are also being cared for by someone else during the same time if the owner is away. This is a liability issue and is not acceptable to our insurance company. Exceptions may be made for family members, regular barn staff, etc. However, the circumstances must be discussed with us at the time you book services. LT Pet Sitting LLC reserves the right to refuse to share care if we feel the situation is not acceptable.

Vaccines

LT Pet Sitting LLC will only care for animals that are current on their vaccines. This is for the protection of your animals, those of our other clients, and our own animals. We may make exceptions if a veterinarian has recommended an animal not be vaccinated.

Veterinary/Emergency Care

For horse owners, we require that you be a current client of a practice that provides emergency care. If you are unsure if you are a current client, please check with the vet prior to your service dates. Some vets have reduced hours and are not seeing emergencies. You must have a backup vet or state your preference for emergency care facilities.

For equine clients, colic, choke, and eye injuries are always considered emergencies and your veterinarian will be contacted. In the case of colic, LT Pet Sitting LLC will not administer medication without the approval of a vet. LT Pet Sitting LLC will not administer Banamine IV or IM.

While we hope to never have to enlist the services of a vet while you are away, we want to ensure your animal receives fast treatment if needed. LT Pet Sitting LLC will contact your emergency contact in the case of emergencies where someone may need to assist with the care of your animal. If possible, LT Pet Sitting LLC will remain with your animal and continue their care until you return.

Ill or Injured Animals

Please notify LT Pet Sitting LLC at the service booking or well prior to your departure of any ill or injured animals. LT Pet Sitting LLC will determine if adequate care can be provided for the animal. If the illness is contagious, LT Pet Sitting LLC must consider the risk to other client animals as well as our own. We will provide care for your animal if at all workable and will always try to work with you in emergency situations. LT Pet Sitting LLC reserves the right to refuse care for an ill or injured animal if we feel we cannot provide an acceptable level of care for the animal.

Animal Care Policies - continued

Hospice and Dying Animals

In most cases, LT Pet Sitting LLC will not provide care for animals in the last days of their life. It is traumatic for the animal and for us as caregivers. We understand emergencies arise which might require leaving animals in the last stages of life at home and will do our best to work with you in those situations. It is unacceptable to leave without telling us about any dying or hospice animals prior to your departure. LT Pet Sitting LLC reserves the right to refuse care if we feel we cannot provide an acceptable level of care for the animal.

Roosters & Aggressive Animals

If there is a mean rooster on your property, he must be contained. Feed and water containers must be accessible from outside the pen. If you have other aggressive animals on the property, we will assess the situation and determine whether we can provide adequate care. We reserve the right to refuse care in situations we deem unsafe due to an aggressive animal.

General Policies

Scheduling

Established clients may schedule appointments by email, text, or phone calls. All correspondence after 7 p.m. will be answered the next morning. If you have an emergency and need to contact us after hours, please do so and we will make every effort to help.

Initial Meeting

The initial "meet & greet" visit is free of charge. Subsequent visits for changes within a year may be charged at our regular rates.

Payment Is Due at the Time of Service

Payment is due at the time of service unless alternative arrangements are made at scheduling. You may leave a check or cash at the first scheduled visit or pay by Zelle prior to the first visit. LT Pet Sitting will notify you of the total when dates are confirmed (usually about a week in advance).

For regularly scheduled clients who are billed monthly, payment is due upon receipt of the invoice. LT Pet Sitting will email the invoice prior to the last visit for the month, and you can leave money at that time.

Service will not be scheduled or provided if a previous invoice has not been paid. Payments outstanding after 10 days will incur a \$30 late fee. The fee for returned checks is \$35.

Cancellations

Scheduled visits canceled with less than 24 hours' notice will be billed at the regular rate. We often have a waiting list and can fill the canceled slot with another client, or we may need to schedule our work/routes differently. If your departure/return time is uncertain and may affect scheduled visits, please discuss this with us in advance to avoid paying for canceled visits. We try to be as flexible as possible and exceptions will be made for emergencies, uncertain departure/arrival times you have made us aware of, and extenuating circumstances.

_____ (Initial) I attest that I have read, understand and agree to LT Pet Sitting LLC's **Animal Care Policies** and **General Policies**.

_____ (Initial) I agree that this contract and any other documents to be delivered herewith may be electronically signed, and that any electronic signature appearing on this contract and other attached documents are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

For Equine clients only:

_____ (Initial) I acknowledge that colic, choke, eye injuries, and serious lacerations are always considered emergencies, and a veterinarian will be called.

_____ (Initial) I understand that LT Pet Sitting LLC will not administer Banamine IM or IV.

Owner Information:

Client/Owner Name: _____

Address: _____

Email: _____

Phone numbers: _____

Please designate the names of two people who can assume care of your animals in case of an emergency:

Emergency Contact Name: _____

Phone Numbers: _____

Emergency Contact Name: _____

Phone Numbers: _____

Client Signature: _____ **Date:** _____

Please save a copy of this contract for your records.

LT Pet Sitting LLC

Signature _____

Date received by LT Pet Sitting LLC _____



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Veterinary Medical Care Release Form

In the event of a medical emergency where LT Pet Sitting LLC cannot contact you to authorize care immediately and directly, LT Pet Sitting LLC will use this form to obtain care. A copy of this form will be supplied to your vet to be placed in your file to expedite any emergency care needed.

Primary Veterinarians Information

Name of Vet Hospital or Clinic: _____

Address: _____ Phone: _____

Name of preferred Doctor: _____

I, _____ (pet/animal owner), hereby give LT Pet Sitting LLC my express permission to transport any of my animals/pets for care to the above-mentioned veterinarian (or to closest open facility if the primary vet office is not available). I understand that LT Pet Sitting LLC will try to contact me as soon as possible in the event of a medical emergency.

If LT Pet Sitting LLC cannot contact me, I give permission to LT Pet Sitting LLC to make medical treatment decisions and approve charges up to \$_____ per animal/pet (most common values are \$200, \$1000, or unlimited). I give permission to the hospital/clinic/doctor to administer any care or medications necessary.

I will keep a copy of my credit card on file with my veterinarian or make prior arrangements with my vet. I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all fees assessed by LT Pet Sitting LLC for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 7 days of service ending/my return.

I warrant that all known medical and behavioral history of my pet(s) has been disclosed to LT Pet Sitting LLC. I specifically represent that my pet(s) has/have not been exposed to rabies within thirty days immediately prior pet sitting. I further state that my pet(s) is/are current on all vaccinations or that exceptions have been discussed with LT Pet Sitting LLC.

Veterinary Medical Care Release Form – page 2

List of Animals:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

Name/Description or Breed:

If anything changes from what is listed above, I will inform LT Pet Sitting LLC before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time LT Pet Sitting LLC cares for one or more of my animals/pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that are scheduled to receive service.

Client/Owner Name: _____

Signature: _____

Date: _____