



## ***Julspops Dog Walking & Pet/House Sitting Services***

Cell #: 226-228-9418 [www.julspops.com](http://www.julspops.com) [julspops@gmail.com](mailto:julspops@gmail.com)

### ***Client Agreement & Home Profile Form Cat Visits & Cat Sitting***

This signed document is an agreement between Julspops Dog Walking & Pet/House Sitting Services and;

Your name \_\_\_\_\_ Spouse/partner name \_\_\_\_\_

Home address \_\_\_\_\_

Email \_\_\_\_\_ / \_\_\_\_\_

Phones: Home \_\_\_\_\_ Mobile (self) \_\_\_\_\_ Work (self) \_\_\_\_\_

Mobile (spouse/partner) \_\_\_\_\_ Work (spouse/partner) \_\_\_\_\_

How did you find out about me? \_\_\_\_\_ If referred; by whom \_\_\_\_\_

#### **Cat Visit/Other Pets**

30 Min Visit \$15.00 (1-2 cats) \_\_\_\_\_

30 Min Visit \$20.00 (3-4 cats) \_\_\_\_\_

30 Min Visit \$25.00 (5+ cats) \_\_\_\_\_

(Longer stays can be accommodated for an additional cost)

**Overnight Visit – Your home (Cats) \$35.00**

(12 hr period. If you are looking for 2 visits per day this could be a better option as you pets will have companionship for 12 hrs min compared to 2 x 30 min visits)

***Additional pet(s) \$5.00 per pet, per visit***

All services include feeding, replenish water bowls, brushing, playtime, cleaning litter boxes, vacuuming/sweeping floor area around litter box, administrating medications (with clients' written consent). Lots of TLC.

#### **Additional fees:**

- The first initial consultation is FREE, follow up visits if required (by client) are \$10.00 per visit
- If you choose to not enroll in the ON-CALL key program additional fee will apply for key pick up and key drop off, a fee of \$10.00 each way.
- Last minute, same day service request will result in an additional \$10.00 fee on top of the service fee

**Pricing can change at any time and all services are applicable to 13% HST.  
HST # 776780512RT0001**

**Terms:**

1. The parties agree that they shall not disclose any terms and conditions contained in this agreement to any other party and shall keep same confidential between them.
2. I authorize Julspops Dog Walking & Pet/House Sitting Services to perform cat sitting services as outlined above.
3. I authorize Julspops Dog Walking & Pet/House Sitting Services to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care.  
I also authorize Julspops Dog Walking & Pet/House Sitting Services to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact me prior to obtaining emergency care.
4. Julspops Dog Walking & Pet/House Sitting Services accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.
5. Cat Sitting Services will be performed only by Julie Silcock – Owner & Operator of Julspops Dog Walking & Pet/House Sitting Services during all assignments. I do highly recommend to always have a back up in case there is ever a time I am unable to care for your pet(s) due to illness.
6. I agree to reimburse Julspops Dog Walking & Pet/House Sitting Services for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
7. Julspops Dog Walking & Pet/House Sitting Services agrees to provide the services stated in this agreement in a reliable, trustworthy, and caring manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Julspops Dog Walking & Pet/House Sitting Services, except those arising from proven deliberate negligence of the pet sitter.
8. There may be days when Julspops Dog Walking & Pet/House Sitting Services arrives earlier or later than the start of your scheduled appointment. This may be due to traffic, weather, emergency, etc. Should this occur, your pet(s) will always receive the full allotted time you've booked regardless of when I arrive for the appointment.
9. Julspops Dog Walking & Pet/House Sitting Services will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors. To avoid this from happening during the time I will be caring for your pet(s) they will remain inside the home at all times until your return at which time they can enjoy the outdoors.
10. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet(s). Client agrees to indemnify and hold harmless Julspops Dog Walking & Pet/House Sitting Services in the event of a claim by any person injured by the pet(s).
11. It is expressly understood that Julspops Dog Walking & Pet/House Sitting Services shall not be held responsible for any damage to client's property, or that of others, caused by client's pet(s) during the period in which they are in its care.
12. I attest to the fact that all licenses and vaccinations required by the Province of Ontario, the City in which I reside and/or the City of London are current according to the law. All copies were provided to Julspops Dog Walking & Pet/House Sitting Services.
13. I agree to inform Julspops Dog Walking & Pet/House Sitting Services of any changes to my pet(s) health or diet to stay consistent with my pet(s) needs.

In the event of an emergency resulting in property damage either caused by fire, gas leak, break-in, flood, storm damage, etc.; I would like Julspops Dog Walking & Pet/House Sitting Services to do the following:

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I have read and agree to the above and in addition I have completed and signed the required Pet & Veterinary Form, any reference to pets in this contract shall refer to those specified on the Pet & Veterinary Form(s).

Pet Owners/Client Signature: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_, in the City of London, Ontario

**Client Profile & Home Information:**

**EMERGENCY CONTACTS (People able to make decisions about the care of pet(s) or home in emergencies) MUST BE FILLED IN**

Name _____	/ Name _____
Relationship _____	Relationship _____
Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide Phone Number _____	Provide Phone Number _____

**OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY (realtor, housekeeper, landlord, gardener, pest control, relative, friends, etc.)**

**MUST BE FILLED IN**

Name _____	/ Name _____
Relationship _____	Relationship _____
Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Key to home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide Phone Number _____	Provide Phone Number _____

**PLEASE LIST THE LOCATION OF THE FOLLOWING:**

Broom/Vacuum \_\_\_\_\_

Water Shut Off Valve \_\_\_\_\_

Gas Shut-Off Valve \_\_\_\_\_

Fire extinguisher(s) \_\_\_\_\_

Breaker Box / Electrical Panel \_\_\_\_\_

Spare House Key \_\_\_\_\_

Cleaning Supplies \_\_\_\_\_

**HOME INFORMATION:**

Gate Code: \_\_\_\_\_ Door Keypad Code: \_\_\_\_\_ Garage Door Code: \_\_\_\_\_

Alarm Panel Location: \_\_\_\_\_

Alarm Entry Password: \_\_\_\_\_

Alarm Exit Password: \_\_\_\_\_

Alarm Company Name & Phone #: \_\_\_\_\_

Alarm Code Word: \_\_\_\_\_

Cameras / Video Surveillance:  Yes  No

WIFI: \_\_\_\_\_

WIFI PASSWORD: \_\_\_\_\_

(this is only needed if overnights are required at your home, thank you)

If you reside in an apartment/condo building, please advise if there are any special check-in procedures or otherwise (doorman, etc.) that I may need to be aware of.

Landlord/Management Contact Information: \_\_\_\_\_

**PLEASE ONLY COMPLETE IF HOUSE SITTING REQUIRMENTS ARE NEEDED WHILST CARING FOR YOUR PET(S):**

Collect Mail ( ) How frequent? Weekly ( ) Each Visit ( ) Other: \_\_\_\_\_

Mailbox # and Location: \_\_\_\_\_ Key to Mailbox: \_\_\_\_\_

Alternate Light Switches ( ) Timers ( ) Where? \_\_\_\_\_

Alternate Window Coverings ( ) \_\_\_\_\_

Flush Toilets ( ), I also check windows, doors I do a thorough walkaround of the home inside and out.

Put out Garbage Bins ( ) Location of Bins: \_\_\_\_\_

Please provide day/date for garbage collection so I can place out the night before. \_\_\_\_\_

Water Indoor Plants ( ) Location of Plants: \_\_\_\_\_

Water Outdoor Plants ( ) Pots Only ( ) Inground Plants Only ( ) Pots & Inground Plants ( )

Other Information: \_\_\_\_\_

**Julspops Dog Walking & Pet/House Sitting Services can NOT be held responsible for any plants that may not survive; I will care for them the best I can.**

Any common problems with your home that I should be made aware of during my visits:

This agreement will remain valid for current and any future service.

Client Signature:

Date: \_\_\_\_\_, 20 \_\_\_\_\_

Print Name:

in City of London, Ontario

Owner/Operator Julspops Dog Walking & Pet/House Sitting Services

Signature:

Date: \_\_\_\_\_, 20 \_\_\_\_\_

in City of London, Ontario

Julie Silcock

**Privacy Policy:**

*Julspops Dog Walking & Pet/House Sitting Services will not share any of your personal & confidential information that is provided at time of service with any third party. All information is held in a secured location. Bonded & Insured with PROFUR*