



***Julspops Dog Walking & Pet/House Sitting Services  
Covering London & Inner Surrounding Area***

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

***Client Agreement & Home Profile Form  
“House Sitting”***

**Client Agreement Terms:**

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) \_\_\_\_\_

**House Sitting**

\$10 for 15 Min Visit \_\_\_\_\_ (Will include watering indoor plants & house check)

\$20 for 30 Min Visit \_\_\_\_\_ (Will include watering indoor/outdoor plants & house check)

\$30 for 45 Min Visit \_\_\_\_\_ (Allows for a larger backyard & the above average # of pot plants plus house check)

**Additional fees:**

- First initial consultation is FREE, follow up visits if required (by client) are \$10.00 per visit
- If the key is not available during the initial consultation and is to be picked up at a later date a fee of \$10.00 will apply as well if the key is to be returned after the service has been provided a \$10.00 will apply.

**Pricing can change at any time and all services is plus 13% HST.**

**HST # 776780512RT0001**

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.



## Client Profile & Home Information Form

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

(1) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Key to home?  Yes  No  
Provide Phone Number \_\_\_\_\_

(2) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Key to home?  Yes  No  
Provide Phone Number \_\_\_\_\_

(3) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Key to home?  Yes  No  
Provide Phone Number \_\_\_\_\_

*It is not necessary to list all 3 but always good to have a backup if one is not available.*

### **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**

(1) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Key to home?  Yes  No

(2) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Key to home?  Yes  No

### **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: \_\_\_\_\_

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 Info: \_\_\_\_\_

**PLEASE COMPLETE FOR HOUSE SITTING REQUIRMENTS:**

Collect Mail ( ) How frequent? Weekly ( ) Each Visit ( ) Other: \_\_\_\_\_  
Mailbox # and Location: \_\_\_\_\_ Key to Mailbox: \_\_\_\_\_  
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.**

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. \_\_\_\_\_

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.

Home Owner/Client Signature:

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

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

Date: \_\_\_\_\_, 20\_\_\_\_  
in the 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*