



Spokane Pet Sitting, LLC
509-536-1083
www.SpokanePetSitting.com

Thank you for choosing **Spokane Pet Sitting**, Spokane's *premium* pet care service! We are delighted that you have brought your pets to Spokane with you and know what a comfort it can be, to them and to you, to have them along on the trip; however, we know that there are often occasions when pet's must be left in your room.

In order to make your stay as pleasant as possible we offer several options to keep your pet occupied during your hours away. You may choose to have us spend an uninterrupted block of time with your pets, or you may choose to have us make several intermittent visits throughout the day. If you wish each visit will include potty breaks or a walk, and since safety is our highest priority please sign our Field Trip Permission Slip, if not all time will be within the confines of your hotel room.

We can even make arrangements to have your pet groomed and will transport him/her to the groomers in our Pet Taxi, fully equipped with fleece bedding and safety harnesses to fit every pet. We'll wait while they are being groomed and return them happy and handsome back home.

Please read through our contract of service and call us with your pet care choices, once your arrangements have been confirmed you may leave your key, contract and payment with

the concierge (out of state checks welcome; please make checks payable to Spokane Pet Sitting).

We are open to any other pet services you may require, please feel free to call and discuss additional requests.

We hope your stay in Spokane is a happy one for everyone!
Many thanks!

Jenifer Wirz, Owner Spokane Pet Sitting

Pet Parent _____

Hotel: _____ Room # _____

Cell # 1 _____ Cell #2 _____

Email _____

Address _____

Pet

Name: _____ Breed _____ DOB _____

M F Spay Neutered Rabies Cert # _____

Feeding Schedule:

Amount _____ Type _____ Time _____

Allergies? _____ Treats Okay? Y N

Special Needs/Health Concerns/ Medications

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Pet

Name: _____ Breed _____ DOB _____

M F Spay Neutered Rabies Cert # _____

Feeding Schedule:

Amount _____ Type _____ Time _____

Allergies? _____ Treats Okay? Y N

Special Needs/Health Concerns/ Medications

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Pet

Name: _____ Breed _____ DOB _____

M F Spay Neutered Rabies Cert # _____

Feeding Schedule:

Amount _____ Type _____ Time _____

Allergies? _____ Treats Okay? Y N

Special Needs/Health Concerns/ Medications

Medical Treatment Consent

I authorize Jenifer Wirz, an agent of Spokane Pet Sitting, LLC, to seek veterinary treatment for my pet(s) _____
During my absence from _____ to _____.

In the event of an emergency, I authorize Spokane Pet Sitting to have my pet(s) treated at the nearest veterinary office or emergency clinic.

I acknowledge that accidents, are by definition, unforeseeable and treatments vary accordingly. I accept all financial responsibility for costs arising from such treatment and am bound by the attending veterinary practices' payment and/or insurance policies.

In addition I agree not to hold Spokane Pet Sitting, or any agent thereof, liable for the outcome of such treatment, and unless can be found criminally negligent, cannot be found responsible for the cause or such accident or injury.

Pet Parent Signature

Date

Field Trip Permission Slip

I recognize that outside of my personal property limitations (hotel room) there are inherent dangers and possible threats to my pet, I agree to release and hold harmless Spokane Pet Sitting and any agent thereof for any injury sustained by my pet(s) during their time outside of my property limits hotel room within the agreed upon boundaries and times listed below. I also accept full responsibility for the equipment used in such outings and agree that Spokane Pet Sitting is not responsible for the failure of such equipment, leash or collar.

Activity: Walk Location: River Front Park Times: _____

Pet Parent Signature

Date

CONTRACT FOR SERVICES

I _____ contract Spokane Pet Sitting, LLC to provide pet care during my absence from _____ to _____.

Spokane Pet Sitting is being granted permission to access my room for the express purpose of attending to the welfare of my pet(s). These visits will be between the times of _____ and _____.

I agree to hold Spokane Pet Sitting harmless for any stains or damage to real estate or personal property due to the confinement of my pets.

I agree that all activity will remain within the confines of my hotel room unless expressed in the Field Trip Permission Slip.

Spokane Pet Sitting is not responsible for loss due to leash or collar failure. I have been advised to confirm all leashes & collars are in good working order and to make any repairs prior to my absence and confirm that all batteries or electronics are in working order.

Fees are due and payable in advance either by credit card online at www.SpokanePetSitting.com or by leaving a check or cash with the hotel concierge along with your hotel key and this signed contract.

Fee Schedule : Business hours 8 AM-9 PM,

1 Two hour continuous visit	\$50.00
3 Thirty minute visits	\$50.00
1 Thirty minute Visit	\$20.00
To & From Groomers	\$50.00 (not including groomers fees call for arrangements)

9 PM-8 AM an additional *After Hours Fee* of \$25 applies for each 2 hour visit or portion thereof.

If the pet's parent has not returned to the room or made contact at the conclusion of the agreed visit the room keys will be returned to the hotel concierge and the pet left unaccompanied. Arrangements for additional time may be made prior to the expiration of the visit and are subject to availability and therefore not guaranteed. Please direct these request for extended hours to Jenifer Wirz at 509-536-1803 or 509-939-7848

Pet Parent Signature

Date

Spokane Pet Sitting, LLC
509-536-1803