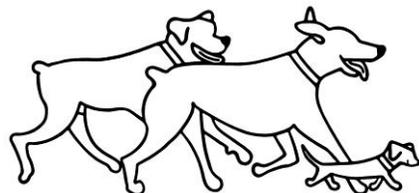


**Roben Kennedy, Pet Concierge**  
 9187 N Winery Ave., Fresno, CA 93720  
 (559) 260-9079 Cell  
 roben@robenkpets.net



## PET CONCIERGE CONTRACT & INFORMATION

### Household Information

Name:			
Street:		City:	Zip:
Home #:	Office #:	Cell #:	Other #:
Referred by:		E-mail:	
Spouse/Other:		Work #:	Cell#:
OK to use your Wi-Fi connection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wi-Fi Login & Password:	
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Landlord/Management contact #:	
Email/Phone Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, email or phone#:	
<b>EMERGENCY CONTACT(S)</b>		<b>Telephone</b>	<b>Key to home?</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY</b>			
Name	Relationship	Key to home?	Date/Time of Visit?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NOTE THE FOLLOWING INSTRUCTIONS, IF APPLICABLE</b>			
Alarm/Gate Entry Password:		Exit Password:	
Company Name & Phone #:		Code Word:	
<b>PLEASE LIST THE LOCATION OF THE FOLLOWING</b>			
Leashes	Toys	Carrier(s)	
Food	Treats	Meds/Vitamins	
Litter Box	Litter Supplies	Brushes	
Broom/Vacuum	Can Opener (if applicable)	Doggie Towels	
Water Shut Off Valve	Electrical Panel Box	Fire extinguisher(s)	
Location of Trash Cans/Dumpster:		Qty of Cans & Colors:	
<b>INSTRUCTIONS</b>			
Bring in Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of mailbox & key:	
Alternate Blinds? <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Indoor Plants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Lights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Turn on/off TV/Radio? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Instructions:			

# Pet Information

**\*Please complete this form for each pet**

Pet Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Breed:	Color:	Description:	
DOB/Age:		Weight:	
<b>IDENTIFICATION</b>			
Color of Collar:		ID Tags: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FEEDING INSTRUCTIONS</b>			
AM:		PM:	
Brand of Pet Food:			
Treats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Brand of Treats:	
Food Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
<b>MEDICATIONS</b>			
Name of Medication	When to Administer	Amount	How to Administer
<b>VACCINATIONS</b>			
Rabies Shot:		Expiration:	
DHLPP Shot:		Expiration:	
<b>HISTORY OF ILLNESS</b>			
List Illnesses & Explain:			
<b>GENERAL INFORMATION</b>			
Has your pet ever snapped at or bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your pet good with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your pet ever bitten or fought another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should we approach your pet with caution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your pet react to your absence from home?			
Does your pet like to play? <input type="checkbox"/> Yes <input type="checkbox"/> No		Favorite Toys:	
Is your pet crate trained? Yes No		Where does your pet stay when you are gone?	
Does your pet like to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your pet like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ADDITIONAL INFORMATION</b>			
Commands: (Please circle commands we know, and underline commands we are working on or Add):			
Sit No Outside Make Poo Potty Bad Bath In the House Sit Stay Down Walk Food Who's Here Good Move Ride Come Lay Don't Pull Treat Back Drop [it] Come-on Heel Out Nice Cookie Naughty Don't Touch Off Wait			
Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N			
Favorite Games, Toys, and Activities:			

# Pet Information

**\*Please complete this form for each pet**

Pet Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Breed:	Color:	Description:	
DOB/Age:		Weight:	
<b>IDENTIFICATION</b>			
Color of Collar:		ID Tags: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FEEDING INSTRUCTIONS</b>			
AM:		PM:	
Brand of Pet Food:			
Treats allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Brand of Treats:	
Food Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
<b>MEDICATIONS</b>			
Name of Medication	When to Administer	Amount	How to Administer
<b>VACCINATIONS</b>			
Rabies Shot:		Expiration:	
DHLPP Shot:		Expiration:	
<b>HISTORY OF ILLNESS</b>			
List Illnesses & Explain:			
<b>GENERAL INFORMATION</b>			
Has your pet ever snapped at or bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your pet good with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your pet ever bitten or fought another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should we approach your pet with caution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your pet react to your absence from home?			
Does your pet like to play? <input type="checkbox"/> Yes <input type="checkbox"/> No		Favorite Toys:	
Is your pet crate trained? Yes No		Where does your pet stay when you are gone?	
Does your pet like to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your pet like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ADDITIONAL INFORMATION</b>			
Commands: (Please circle commands we know, and underline commands we are working on or Add):			
Sit No Outside Make Poo Potty Bad Bath In the House Sit Stay Down Walk Food Who's Here Good Move Ride Come Lay Don't Pull Treat Back Drop [it] Come-on Heel Out Nice Cookie Naughty Don't Touch Off Wait			
Allowed to go for rides in sitter vehicle? Y / N May play with sitter's personal pet(s) for socialization? Y / N			
Favorite Games, Toys, and Activities:			

## Policies & Procedures

The parties to this contract and agreement are:

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Hereinafter referred to as "the Owner")

AND

Full Legal Name: Roben Kennedy, Pet Concierge

Physical Address: 9187 N. Winery Ave., Fresno, CA 93720

(Hereinafter referred to as "RKPC")

### 1. Relationship and Responsibilities:

**Independent Contractor:** It is expressly understood that the Owner retains the services of Roben Kennedy, Pet Concierge as an Independent Contractor and not as an employee. RKPC shall be responsible for his/her insurance and all statutory declarations and payments regarding income tax where applicable.

RKPC undertakes to perform the agreed upon services in an attentive, reliable and caring manner and the Owner undertakes to provide all necessary information to assist in this performance.

RKPC undertakes to notify the Owner of any occurrence pertaining to the dog which may be relevant to the care and well-being of the dog.

**Additional Duties:** RKPC shall not be obliged to perform any other duties except those specified on the Owner's Information sheet and Pet Information sheet.

### 2. Liability: RKPC accepts no liability for any breach of security or loss of or damage to the Owner's property if any other person has access to the property during the term of this agreement.

RKPC shall not be liable for any mishap of whatsoever nature which may befall a dog or caused by a dog who has unsupervised access to the outdoors.

The Owner shall be liable for all medical expenses and damages resulting from an injury to RKPC caused by the dog as well as damage to the Owner's property.

RKPC is released from all liability related to transporting dog(s) to and from any veterinary clinic or kennel, the medical treatment of the dog(s) and the expense thereof.

### 3. Scheduling and Visit times: We strive to accommodate the needs of your pet. RKPC, provides a time interval during which visits/walks will occur. If an unforeseen situation arises, the time interval may be adjusted.

### 4. Reservations: It is best to plan well in advance in order to obtain services on the dates you desire. An in-home consultation, at no charge, is required prior to reservations, **for all new clients.**

### 5. Reservation Confirmation: Please, do not leave town without directly confirming your reservations with Roben Kennedy, Pet Concierge.

### 6. Early Returns/Last minute Changes: RKPC carefully schedules our time to serve you and our other clients. Therefore, there are no refunds or credits for early returns or last-minute changes to pet care.

### 7. "Honey, I'm Home!" Call: When you've arrived home, please contact RKPC as soon as possible. Our first priority is the safety and comfort of your pets, and we want to be sure that you have returned home prior to concluding our services. In addition, if requested we will contact you as soon as your dog has returned from their walk.

### 8. Holiday Cancellations: With the exception of severe weather, life threatening emergencies or a death in the family, any cancellations over holiday periods will result in a 50% cancellation penalty of the total amount due.

## Policies & Procedures

9. **Cancellations or Early Termination:** Outside of holiday periods, scheduled pet sitting services must be cancelled a minimum of 72 hours prior to the first scheduled service. Failure to provide 72 hours notice will result in a 50% cancellation penalty of the total amount due.

For dog walking, either party may terminate this contract a minimum of 24 (twenty-four) hours prior to the first scheduled visit without incurring penalties or damages. Cancellation by the Owner of scheduled walks with less than 24 hours notice may be charged at the full rate or rescheduled at the discretion of the RKPC.

**Should any dog become aggressive or dangerous, RKPC may terminate this dog walking contract with immediate effect.**

Any wrongful or misleading information in the Owner's Information or Pet Information sheets may constitute a breach of terms of this Dog Walking Contract and be grounds for instant termination thereof.

Termination under the circumstances described above shall not entitle the Owner to any refunds nor relief of any outstanding payments due

10. **Additional Pet Care Assistance and Other Scheduled Services:** RKPC does not accept liability for other persons who will be in your home prior to, during, or immediately after our services have been rendered. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, maintenance personnel, friends, family and neighbors. It is understood that the client will notify anyone with access to the home that the services of RKPC have been engaged.

11. **Inclement Weather:** You will entrust RKPC to use best judgment in caring for your pet(s) and home at the time of inclement weather. RKPC will try to carry out your instructions to the best of their ability. Customer selection of a nearby emergency contact has been requested.

**Inclement Weather Plan:** 1) Every effort will be made to drive to your home; 2) The service schedule may be changed, interrupted, or altered due to circumstances; 3) If it is not possible to drive safely to your home, your emergency contact will be notified, 4) You will be notified that the above-mentioned contingency plan has been activated.

**Inclement Weather Contact:** RKPC has requested the name and phone number of a person living nearby (with access to your home). This should be a person close enough to walk to your home if roads are impassable (for example, a neighbor). If we are physically unable to drive to your home this information is needed so that we can contact this person to request their assistance to check on your pet(s). Please remember that garage door openers are not operational in the event of power outages. **If the customer does not provide a nearby emergency contact with access to your home for RKPC, customer realizes that RKPC will provide service but not until conditions allow us to reach your home safely.**

Name of Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

12. **Pet Guardianship:** In the unfortunate event you become incapacitated while your pet(s) are in our care, please name the person(s) who should be contacted to become the guardian and take over the care of your pet(s) until care can be provided as arranged for in other legal documents prepared by you. We urge you to address care of your pet(s) when planning your estate. Please be sure the named person(s) is/are aware you are appointing them as guardian(s) of your pet(s). In the event of an emergency, which incapacitates me, I authorize **Roben Kennedy, Pet Concierge** to turn my pet(s) over to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Policies & Procedures

13. **Medication/Vaccinations/Immunizations:** RKPC will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result. **Under no circumstances will RKPC service any pet that has any form of active contagious illness.** RKPC requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations. If RKPC your pet care provider is bitten or exposed to any disease or ailment received from the client's pet(s) which has not been properly or currently vaccinated, the client will be responsible for all costs and damages that may be incurred as a result.
14. **Unforeseen purchases:** RKPC will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and well-being of your pet during your absence. We will retain a receipt and the pet owner is responsible for reimbursement of these items. In addition, a \$15 trip fee will be applied.
15. **Pet waste:** RKPC will properly dispose of your pet(s) waste. We do request however, that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed of. For dog walking, the walker will be equipped with a scooper and waste bags and will duly remove the dog's feces from all public places.
16. **Collars/Leashes:** Please provide secure collars with appropriate tags for all visits. All dogs will be walked on leashes. The Owner will provide suitable harnesses, collars and leads as approved by the Walker as well as coats or muzzles if required.
17. **Fences:** RKPC does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced area. This includes electronic, wood, metal or any other type of fence.
18. **Other dogs:** We will do our best to keep interaction with stray or strange dogs to a minimum. For pets is staying in Roben Kennedy's home, extra supervision will be given as there are resident pets already in the home. For safety reasons, it may be necessary to keep visiting pets separate; however, interaction between RKPC and your pet will not be reduced. For dog walking, the Walker reserves the right to walk other compatible dogs at the same time but undertakes to limit the number of dogs walked with one person to 4 (four).
19. **House Cleanliness:** RKPC will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies RKPC is not responsible for carpet/flooring stains created by your pet(s). We request that you provide plastic bags, towels, cleaning products, paper towels, and trash bags. If there are accidents above and beyond the normal amount anticipated, RKPC will charge a reasonable fee for clean-up time.
20. **Household Emergencies:** Please provide the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units.

**Company Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

21. **Thermostats:** Please leave your thermostat settings within a normal comfortable range for the season. If the house temperature is outside of this range, RKPC will adjust the thermostat to ensure the health and comfort of your pets.
22. **Payment:** RKPC prefers cash or checks, however with prior arrangement RKPC can accept Venmo or PayPal. Payment is due at the time of the in- home consultation unless otherwise agreed upon. **Checks should be made payable to Roben Kennedy.** All services are paid in advance.

**Returned Check Charges:** There is a \$35 fee for all returned checks. Clients are responsible for all costs of collections.

**Policies & Procedures**

**23. Keys:** RKPC will obtain two copies of your house key during the in-home consultation. One key will be held by the pet sitter. The other key will be coded for security and kept separately to be used only in the case of an emergency or lockout.

**Key Retention:** It is recommended that your keys remain in RKPC custody for convenience in future use of our service and to confirm services via telephone. Your keys will be kept in a secured lock system and are coded for your protection.

**Key Pick-up/Drop-off:** If you choose not to RKPC retain your keys, key pick-up or drop-off will be at Roben Kennedy's home in Fresno.

**24. Updates:** Please inform us of any changes regarding your contact numbers, your pets' care needs and other pertinent information.

**25. Security & Privacy Policy:** All your information will be kept private and confidential. RKPC highly respects our clients' entrusting us with the care of their home and pets. We agree to keep safe and confidential all keys, remote control entry devices, access codes and personal information of the Owner and to return same to the Owner at the end of the contract period or immediately upon demand.

**26. General:** The parties agree that any or all parts of this agreement may be submitted to the other party in legible and recordable electronic form and upon acknowledgement of receipt by the receiving party shall become valid parts of the agreement. Paragraph headings are for convenience of reference only and are not intended to have any effect in the interpretation or determining of rights or obligations under this agreement. Where appropriate words signifying one gender shall include the other and words signifying the singular shall include the plural and vice versa.

**27. Governing Law:** This Contract and Agreement shall be construed, interpreted and governed in accordance with the laws of the State of California, and should any provision of this Contract be judged by an appropriate court as invalid; it shall not affect any of the remaining provisions whatsoever.

I, \_\_\_\_\_ have read, understand and agree to the policies and guidelines of Roben Kennedy, Pet Concierge. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of RKPC.

I request that RKPC retain my keys for future services. *Initials* \_\_\_\_\_

I request that RKPC return my keys upon completion of each pet sitting assignment. *Initials* \_\_\_\_\_

**Pet Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Veterinary Authorization

## Veterinarian Authorization

Pet Name(s) \_\_\_\_\_

Veterinarian \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

During my various absences, **Roben Kennedy, Pet Concierge** will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and **I will be fully responsible for all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Roben Kennedy.

**Client Initials** \_\_\_\_\_

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## Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence, and we are unable to contact you at the time. Should you change vets please notify Roben Kennedy, Pet Concierge before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from Roben Kennedy during my absence and I authorize Roben Kennedy to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: \_\_\_\_\_

Roben Kennedy, Pet Concierge reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

# Contractual Agreement

This signed document is an agreement between Roben Kennedy, Pet Concierge and \_\_\_\_\_  
for pet services beginning on \_\_\_\_\_ until \_\_\_\_\_. For services as outlined in this  
contract, I agree to the rate of \$ \_\_\_\_\_ per \_\_\_\_\_.

1. I authorize Roben Kennedy to perform pet care services as outlined in the Household Information Form, Pet Information Form, Policies and Procedures Form and Veterinary Authorization Form, which shall become part of this contract.
2. I authorize Roben Kennedy 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 Roben Kennedy to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
3. Roben Kennedy accepts no responsibility for security of the premises or loss if other individuals have access to the home before, during, or immediately after the term of this agreement.
4. I agree to reimburse Roben Kennedy for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
5. Roben Kennedy agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Roben Kennedy, its employees or assigns, except those arising from proven negligence of the pet sitter.
6. Roben Kennedy will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
7. Customer will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Customer agrees to indemnify and hold harmless Roben Kennedy in the event of a claim by any person injured by the pet.
8. Roben Kennedy reserves the right to terminate this contract at any time, at its sole discretion; likewise, client may terminate this contract at any time as per the Policies and Procedures.
9. It is expressly understood that Roben Kennedy shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in its care. Client has advised Roben Kennedy of all situations, which will relieve it of liability for damage.
10. Fees are earned upon acceptance of Agreement and are due at the time of or prior to the first visit.
11. I attest to the fact that all licenses and vaccinations required by the State Of California, the City in which I reside and/or the County of Fresno are current according to the law. **(Initial here)** \_\_\_\_\_
12. I authorize this contract to be valid approval for future services so as to permit Roben Kennedy to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

**I have completed and signed required veterinary release forms. (Initial here)** \_\_\_\_\_

**I have read and agree to the aforementioned Policies and Procedures, which are a part of this agreement. I am aware that I shall keep a signed copy for my records. (Initial here)** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

