



Service Agreement

Seacoast Horse & Pet Sitting

48 Old Rowley Road
Newbury, MA 01951
978.204.5519
www.horsesit.com

Owner:	Home Phone:
Address:	Cell Phone:
City/State/Zip:	Email:

Pet's Name(s):

Name:	Brief Description:

Type of Care:	<input type="checkbox"/> Full Vacation Care: Start Date: ___ / ___ / ___ Time: <input type="checkbox"/> Breakfast : <input type="checkbox"/> Lunch : <input type="checkbox"/> Dinner : <input type="checkbox"/> Evening : End Date: ___ / ___ / ___ Time: <input type="checkbox"/> Breakfast : <input type="checkbox"/> Lunch : <input type="checkbox"/> Dinner : <input type="checkbox"/> Evening : I will contact Seacoast Pet Sitting upon my return by: <input type="checkbox"/> Email: lisa@horsesit.com <input type="checkbox"/> Text or call: Lisa 978.204.5519 or Anne 978.857.0390
	<input type="checkbox"/> Daily Walking: Start Date: ___ / ___ / ___ Time Preference: ___ : ___ Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Rate information to be completed by Seacoast Horse Sitting

RATES	Vacation Service	House Sitting Service	Dog Walking Service	Totals

Service Note:

By submitting this completed form to our client, Seacoast Horse Sitting hereby agrees to honor all agreements as to individual services for the contracting client. We certify that we are currently insured for Care, Custody and Control through Pet Sitters Associates, LLC. We hereby promise to be dependable and responsible at all times, treat our clients pets as though they were our own and respect our clients home and property.

I (the undersigned) have completed all the necessary forms regarding care/contact and veterinary preferences. I agree that all the information supplied to Seacoast Pet Sittings on their care forms is current and correct. Payment will be made by cash or check upon receipt of invoice either at the beginning of a vacation service or in the case of recurring services, upon receipt of end of month invoice.

Owner Name: _____

Signature: _____ Date: _____