



Brooke's Paws & Play: PET SITTING LIABILITY WAIVER & SERVICE AGREEMENT

Pet Sitters:

Brooke Pfeiffer (Minor)

Adam Pfeiffer & Jennifer Pfeiffer (legal guardian/parents)

Phone: 904-495-4130 (Brooke) 904-599-3827 (Jennifer) 443-206-1411 (Adam)

Email: jenny19793@gmail.com

Client Name: _____

Address: _____

Gate Code/Other Instructions:

City/Zip: _____

Phone: _____

Email: _____

Emergency Contact (friend or neighbor)

Veterinarian / Clinic: _____

Vet Phone: _____

Pet(s) Name(s) & Breed & Age:

Pet #1:

_____ **Proof of Rabies** _____ (send copy via text)

Pet #2:

_____ **Proof of Rabies** _____ (send copy via text)

Pet#3:

_____ **Proof of Rabies** _____ (send copy via text)

**Special Information to know about any of your pets (phobia of storms, dog aggressive on leash, food aggressive, high prey drive, cats? Okay with men? Ever been left with a sitter, etc.) **

SERVICE DATES

Start Date: _____

First visit should be (approx. time preference) _____

End Date: _____

Last visit should be (approx. time preference) _____

Visits per day (circle): 1 / 2 /

Approximate visit times:

Morning: 7:30-9 am _____

Evening: 7:30-9pm _____

Feeding instructions: _____

Feeding Time(s) _____

Medication instructions: _____

Leash walking instructions or Yard:

AGREEMENT TERMS

1. Minor Status Disclosure

Brooke Pfeiffer is a 16-year-old minor. All services are supported by Adam and Jennifer Pfeiffer, who are the legal adults responsible for the communication and care plans.

2. Liability Release

I understand and agree that Brooke Pfeiffer (minor), Adam Pfeiffer, and Jennifer Pfeiffer will not be held liable for:

- any injury, illness, accident, or death of my pet(s),
- injury to third parties caused by my pet(s),
- any property damage, including pets escaping.

3. Veterinary Emergencies

I authorize Adam or Jennifer (on Brooke's behalf) to:

- seek veterinary care immediately,
- approve treatment recommended by veterinarian(s).

I agree to pay all veterinary costs related to illness or injury.

4. Home Access

I authorize the sitters listed above to enter and access my home for scheduled services.

5. Payment

Rate agreed upon will be invoiced separately

Payment method: (whichever is preferred by client – please indicate)

Cash Venmo Zelle Other: _____

Payment due:

At end of service.

6. Cancellation

Client agrees to notify as soon as possible if plans change.

7. Photos & Updates

Please select ONE of the following:

- I want a text and photo updates at EACH visit **OR**
- I want a text summary and photo update at the end of each day **OR**
- I'm on vacation & I will reach out to you if I want an update.

Please select ONE of the following:

- I give permission to share photos of my animals on social media **OR**
- I do NOT give permission to share photos of my animals on social media **OR**
- I'm on vacation & I will reach out to you if I want an update.

SIGNATURES

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Brooke Pfeiffer Signature: _____ Date: _____

