



Brooke's Paws & Play: Pet Sitting Liability Waiver & Service Agreement

Pet Sitters:

Brooke Pfeiffer (Minor)

Adam Pfeiffer & Jennifer Pfeiffer (legal guardian/parents)

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

Email: jenny19793@gmail.com

Client Name: _____

Address: _____

Gate Code/Other Instructions:

City/Zip: _____

Phone: _____

Email: _____

Emergency Contact Friend/Neighbor:

Veterinarian / Clinic: _____

Vet Phone: _____

Pet Information:

Pet #1:

Breed/Age:

Proof of Rabies Vaccination: _____ Please send a copy via text/email.

Pet #2:

Breed/Age:

Proof of Rabies Vaccination: _____ Please send a copy via text/email.

Pet #3:

Breed/Age:

Proof of Rabies Vaccination: _____ Please send a copy via text/email.

Please provide any special information we should know about your pet(s), including fears or phobias, leash reactivity, food aggression, prey drive, comfort with cats or men, prior pet-sitting experience, storm anxiety, or other care considerations.

SERVICE DATES

Start Date: _____

Preferred time for first visit: _____

End Date: _____

Preferred time for last visit: _____

Visits per day (circle): 1 / 2 / 3

Approximate Visit Windows:

- 1- Morning: 7:30–9:30 a.m.
- 2- Mid-afternoon: 2:00–4:00 p.m.
- 3- Evening: 7:30–9:30 p.m.

Feeding instructions: _____

Feeding Time(s) _____

Medication instructions: _____

Leash-walking or yard instructions:

AGREEMENT TERMS

1. Minor Status Disclosure

Brooke Pfeiffer is a 17-year-old minor and will turn 18 in May. All services are supported by Adam Pfeiffer and Jennifer Pfeiffer, who serve as the legal adults responsible for communication, coordination, and care planning.

2. Liability Release

I understand and agree that Brooke Pfeiffer, Adam Pfeiffer, and Jennifer Pfeiffer will not be held liable for any injury, illness, accident, or death involving my pet(s); any injury to third parties caused by my pet(s); or any property damage, including circumstances involving pets escaping from the home or yard.

3. Veterinary Emergencies

I authorize Adam Pfeiffer or Jennifer Pfeiffer, on Brooke's behalf, to seek veterinary care immediately if needed and to approve treatment recommended by a licensed veterinarian. I agree to be responsible for all veterinary expenses related to illness, injury, or emergency care.

4. Home Access

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

5. Payment

The agreed-upon rate will be invoiced separately.

Preferred payment method: ☐ Cash ☐ Venmo ☐ Zelle ☐ Other: _____

6. Cancellation

The client agrees to provide notice as soon as possible if travel plans or service needs change.

7. Photos & Updates

Please select **ONE** of the following:

- ☐ I would like a text and photo update after each visit **OR**
- ☐ I would like one text summary and photo update at the end of each day **OR**
- ☐ I do not need routine updates and will reach out if I would like an update.

Please select **ONE** of the following:

- ☐ I give permission for photos of my pet(s) to be shared on social media **OR**
- ☐ I do **NOT** give permission for photos of my pet(s) to be shared on social media.

SIGNATURES

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Brooke Pfeiffer Signature: _____ Date: _____



8/2/26