

Sandy Paws Dog Sitting, LLC

11 E. 34 Street, Brant Beach, NJ 08008-4106

Dog Sitting Agreement

I authorize, *Sandy Paws Dog Sitting, LLC* (and its agents) to care for my dog _____,
for _____ day(s) at the rate of \$50* per day (or rates listed below), NJ State Sales Tax additional.

The dates of service are: _____ to _____

Check out is by noon. \$50* rate applies thereafter. *10% Discount applied for extended stay, beyond 7 nights.*
ADDITIONAL \$30 SURCHARGE, ON TOP OF DAILY RATE, WILL BE APPLIED FOR DROP-OFFs AFTER 4:30 PM.

"Special Attention" guests are \$60 per day, NJ State Sales Tax additional.

Large dog rate will be priced according to time of year and space availability.

** Rates subject to change pending extra care (Special Attention determination) that may be required and/or not fully disclosed prior to boarding.*

Checks payable to: *Sandy Paws Dog Sitting, LLC*

Due to high demand between Memorial Day weekend to Labor Day, and limited space, deposits are required when booking your dates (deposits dependent on length of stay).

All veterinarian paperwork must be on-hand by time of your loved one's check-in.

In case of veterinary emergency, I hereby authorize Sandy Paws Dog Sitting, LLC (and its agents) as my dog sitter, to seek medical treatment if necessary. If my own veterinarian is not local (more than 12 miles), I hereby authorize Sandy Paws Dog Sitting, LLC (and its agents), to take my dog to Stafford Veterinary Hospital, in which I will assume full responsibility, upon my return, for payment of all services rendered.

Items provided by owner:

- _____ Food
- _____ Water (if other than tap)
- _____ Dishes
- _____ Collar / Harness / Leash
- _____ Bed
- _____ Blanket(s)
- _____ Crate
- _____ Coat
- _____ Toys
- _____ Treats
- _____ Brush / Comb
- _____ Vitamins / Medication(s)

Owner's Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ ext _____

E-Mail: _____