# fabled

form & pet sitting



## PET INTAKE PACKET

#### Welcome to the Fabled Farm & Pet family!

We are so excited that you have chosen us to provide care for your pets! Our mission is to provide the best quality pet care by treating our clients' pets as if they were our own. We have designed our services to enrich your pet's life as well as your own. We want to make caring for a pet easier and less stressful with our variety of pet care services. We want to enrich your pet's life by giving them top quality care, and by giving you opportunities to enjoy time away from home without having to worry.

We know pets also want to have fun. Play is an important element in a pet's life, whether it is at our daycare or at your house during a dog walk or pet sit. We strive to ensure your pet is always playing in a safe environment. Ultimately, we hope we can partner with you to help your pet thrive and have a high quality of life. Enclosed is your Registration Packet for pet sitting and dog walking services. Please print a copy of this packet and complete all forms prior to your scheduled initial consultation. At the initial consultation, your pet sitter or dog walker will review the materials with you and answer any questions you may have.

#### This Registration Packet contains:

- Services and Pricing Guide
- Client and Emergency Contact Form please fill out in its entirety
- Vet and Kennel Contact and Release Form please fill out in its entirety
- Pet Information Form please complete one form for each pet in the household
- Liability Form please sign and date

We want to ensure your initial consultation goes smoothly and that your experience with Fabled Farm & Pet Sitting is a positive one. Please feel free to contact us if you have feedback, questions or concerns. I can be reached by the contact form on my website or by texting 330-704-0216, calls may not always be answered but if you leave a message I will return your call as soon as I am able. Thank you!

#### **Pricing Information:**

#### Services:

#### 1. Drop in care

- a. 30-60 minutes \$25 per visit
- b. 60-90 minutes with a 20 minute walk \$45 per visit
  - i. Add on multiple pets \$5 per animal/cage
  - ii. Add on medication administration \$8 per administration

#### 2. All day care - 7am-9pm

- a. Able to stay at the clients house for at least 6 of the 14 hours \$75 per day
- b. Able to stay at the clients house for at least 8 of the 14 hours \$100 per day
- c. Able to stay at the clients house for at least 10 of the 14 hours \$125 per day
  - i. Add on multiple pets \$15 each
  - ii. Add on medication administration \$8 per administration
  - iii. Add on walk \$5 per 10 minutes

#### 3. Boarding for small pets

- a. Daily fed reptiles \$10 per day per cage
- b. Weekly fed reptiles \$5 per day per cage
- c. Small rodents \$10 per day per cage
- d. Rabbits \$15 per day per cage
  - i. Add on food preparation (salads, etc) \$5 per meal
  - ii. Add on medications or other special care \$5 per administration
  - iii. Add on enclosure cleaning \$10 per cage cleaning

#### 4. Farm sitting

- a. Feed only 1 animal \$25 per visit
  - i. Additional animals \$10 per animal
  - ii. Add on turnout \$10 per animal
  - iii. Add on stall cleaning \$10 per stall \*\*anything more in depth than a quick pick such as stall stripping will be subject to additional fees\*\*
  - iv. Add on medications \$10 per administration
  - v. Add on misc tasks (egg collection, fly spray, blanketing, etc) \$10 per task.

    \*\*more difficult or complex tasks may be requested but will be only be accepted on a case by case basis, further fees may be discussed depending on the task\*\*

#### 5. Outdoor bird feeding

- a. Drop in \$25 per visit
  - i. Add on cleaning \$5 per feeder
  - ii. Add on nectar, fruit, or suet spread preparation \$5 per preparation
  - iii. Add on filling birdbaths \$5 per birdbath, filling only (\*cleaning will be considered on a case by case basis with additional charges)

#### **Additional Service Fees:**

First In-Person Consultation (\$20) – Registration fee that covers initial meeting and interview with your sitter. This is a one-time charge unless you move, and then another meeting is required to obtain new keys and paperwork (see Update Fee).

Update Fee (\$10) – When an existing client moves to a new residence, gets new keys, does not provide the keys at the initial consultation, or adds a new pet to the household Midday Dog Walks (\$20) – Standard 25 minute visit between 10am-4pm with a guaranteed two-hour window. Walks are accepted on a case by case basis depending on route availability.

Pet Taxi (\$30) – Cost is each way within a 5-mile radius of your home. Additional \$2 per mile fee is applied if outside the 5-mile radius. Vet appointments are then additionally charged as pet sits for each 30-minute block of time. Livestock trailering is not a service we offer at this time.

Holiday Surcharge (\$10 per visit) – A non-refundable surcharge that is applied per visit to any midday walk or pet sitting service scheduled during holiday times.

2025 Holidays - Jan. 1, Jan. 20, May 23-25, July 3 - 5, Aug 29 - Sept. 1, Oct. 10 - 12, Nov. 26 - 29, Dec. 24- 27, Dec. 31 - Jan. 1

Travel Fee (\$2 per mile) - services offered within 10 miles of downtown McAllen do not incur a travel fee. Every additional mile outside this radius will have a travel fee of \$2 per mile.

Misc. Billing Fees: Late Payment Fee (\$20) Returned Check Fee (\$35)

#### Cancellation Policy:

Midday dog walking cancellations must be received by 5pm the business day prior to scheduled service, otherwise full fees apply. Eligible for a full refund with proper notice.

Pet Sitting & Pet Taxi cancellations require 24-hour notice to guarantee you are not charged for the visit. Eligible for a full refund with proper notice.

Extended Care (more than 4 visits) requires 1 week notice, cancellations without notice are not eligible for refunds. Eligible for a 90% refund of the amount paid with proper notice.

If a client decides to return early from a trip and does not want to continue receiving the services that were scheduled, they will not be eligible for a refund.

NOTE ABOUT TIPPING: Tips are never expected, but always appreciated!

Client Signature	Printed Name	Date

## **Client and Emergency Contact Information**

Please make sure to fill out this form in its entirety and contact us to update this form if something changes, it is very important that we have current contact information for the safety of your pet(s). Please note that all invoices and scheduling/canceling confirmations will be sent via email, please be sure to provide a valid email address.

Primary Owner:			
First name:	Last name:		
Address:			
City:	State:	Zip:	
Home Phone:	Work Ph	one:	
Cell Phone:	Email:		
Secondary Owner: *aut	horized to schedule and ma	ıke decisions regarding	the care of the pet(s)
First name:	Last name:		
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Cell Phone:	Email:		
Primary Emergency Co *authorized make decisions regardin primary and secondary owners are n First name:	g the care of the pet(s) or take ove oot able to be reached. It is prefere	ed that this contact is a family	y member if possible*
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Cell Phone:	Email:		
Relation to client:			
Client Signature	Printed Nan	ne	Date

#### **Vet and Kennel Contact Information**

These contacts are only for emergency use. While we will do everything in our power to keep your pet safe and happy while in our care, accidents and emergency situations can still happen. Because of this, you will be required to have a card on file with your vet in order to receive our services. This ensures your pet will still receive needed care even if you are unable to be reached. You will also be required to file a vet release form so that there are no barriers between your pet and receiving medical care if anything were to happen.

If your emergency contact is not willing or able to take your pet(s) in case there is an emergency, you will be requested to have your preferred boarding kennel on file. We hope to never need to use this, but it is important to have just in case anything were to happen and we are not able to continue providing care for your pet. This could be an unexpected extension of your time away, undisclosed or new aggressive behaviors, etc. We will make every effort possible to avoid this situation but it is very important to have a plan just in case!

Primary Vet:				
Clinic Name:	linic Name:Vet Name:			
Address:				
City:	State:		Zip:	
Office Phone:	Email:			
Card on file with this of	ffice (please circle one):	Yes	No	
Emergency Vet:				
Clinic Name:	Vet Name:	·		
Address:				
City:	State:		Zip:	
Office Phone:	Email:			
Card on file with this of	ffice (please circle one):	Yes	No	
Boarding Kennel:				
Kennel Name:				
	State:			
Office Phone:	Email:			
Card on file with this of	ffice (please circle one):	Yes	No	
Client Signature	Printed Nam	ıe		Date

#### **Vet and Kennel Release Form**

\*\*This release is valid until the client notifies Fabled Farm & Pet Sitting that they would like to discontinue services\*\*

I understand that in the event of an emergency, Fabled Farm & Pet Sitting will make every effort to contact me. In the event I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Fabled Farm & Pet Sitting to seek appropriate medical treatment for my pet(s). I understand that every effort will be made to get my pet(s) to the specified vet clinics listed on the contact form if the situation permits; however, Fabled Farm & Pet Sitting has the authority to seek treatment at another clinic if absolutely needed for the well-being of the pet(s).

In the event of unforeseen circumstances, I authorize Fabled Farm & Pet Sitting to transfer care to my emergency contact or kennel of choice listed in the contact form. This can be something like an unexpected extension to my time away or aggression that was unexpected or undisclosed to the sitter, or other unforeseen circumstances that would prevent them from reasonably or safely caring for my pet(s).

I understand that Fabled Farm & Pet Sitting is unable to pay medical bills on behalf of myself and agree to have my credit card on file with my preferred vet and emergency vet. Any additional costs incurred by Fabled Farm & Pet Sitting such as time off of work or travel expenses because of an emergency, not to exceed \$100, will be paid at the time the services end along with the remaining balance for the services I was provided.

Client Signature	_ Printed Name	Date

#### Pet Information:

All dogs, cats, and livestock MUST have current valid vaccination records, a copy must be submitted with this form for each animal to be eligible for care. If you have more than one pet, please print a copy of these forms for each and attach a copy of their vaccinations to the correct corresponding form. Thank you!

Name:			
Species:	Bre	eed/Description:	
Age:	Sex:	Spay/Neutered:	Weight:
Allergies:			
Known Healt	th Issues:		
	and Dosages:		
Client Signature _		Printed Name	Date

## Care Schedule

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## **Behavioral Information:**

Please take your time to answer honestly and thoroughly for our safety as well as the safety of your pet(s) while they are in our care. Thank you!

1.	How would you describe your pet's personality?
2.	Are there any traits, quirks, or fears that we should be aware of?
3.	Has your pet ever bit a person or another animal? Please circle one Y N
<b>J.</b>	If yes, please explain in detail:
4.	Please describe your pets behavior with new people:
5.	Please describe your pet's behavior around things that can be resource guarded such as food or water bowls, toys, bones, etc.
6.	Has your pet ever had any formal training? If so, what kind?
7.	Does your pet have any cues or commands we should be aware of or that you would like us to use when interacting with your pet?
0	In these anothing also you would like up to be aware of?
ō.	Is there anything else you would like us to be aware of?
ıt S	ignature Printed Name Date

### Fabled Farm & Pet Sitting Liability Form: Page 1 of 2

This form is to clarify expectations from both the Pet Owner (Client) and Pet Sitter (Fabled Farm & Pet Sitting) regarding payment, emergencies, and extended stays. This is a binding contract, please be sure to read the entire form before signing. Thank you!

I hereby acknowledge that I have voluntarily requested and reserved to have my pet boarded at the

home of Fabled Farm & Pet Sitting.

the time of the request unless otherwise agreed upon.

**Emergencies:** If there is an emergency, Pet Sitter will make all reasonable efforts to first contact Pet Owner. If Pet Owner is unable to be contacted, Pet Sitter shall reach out to Pet Owners listed emergency contact(s) on the emergency contact portion of their pet care packet.

Pet Owner authorizes Pet Sitter to seek and obtain medical attention and treatment as deemed necessary by a veterinarian. Pet Owner agrees to reimburse Pet Sitter for reasonable expenses incurred arising from/relating to: medical care and treatment, emergency medical care, and services provided by a veterinarian such as time off work, travel expenses, etc.

**Injury and Indemnification.**If a pet accidentally dies, becomes ill, injured, or lost, Pet Owner waives and releases Pet Sitter from any claim arising from such an incident. If the pet(s) bites or injures Pet Sitter, or any other human or animal, Pet Owner will be responsible for any resulting injury. In addition, Pet Owner shall hold harmless and indemnify Pet Sitter against any and all costs, expenses, losses, liabilities and claims arising out of or relating to any acts of the pet(s) except if arising out of negligence or intentional misconduct on the part of Pet Sitter.

## Fabled Farm & Pet Sitting Liability Form: Page 2 of 2

**Termination of Agreement.** Fabled Farm & Pet Sitting reserves the right to terminate this contract at any time before or during its term if Fabled Farm & Pet Sitting, in its sole discretion, determines that Pet Owner's pet poses a danger to the health or safety of Pet Sitter. If concerns prohibit Pet Sitter from caring for the pet, the Pet Owner authorizes the pet to be placed in a kennel or with an emergency contact, with all expenses to be charged to the client.

**Governing Law.** The terms of this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, not including its conflicts of law provisions.

**Severability.** If any provision of this Agreement is held to be invalid or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid and enforceable as though the invalid or unenforceable parts had not been included in this Agreement.

**Entire Agreement and Amendment.** This Agreement contains the entire understanding between the Parties and supersedes and cancels all prior agreements of the Parties. This Agreement may be amended or modified only by a written agreement signed by all the Parties.

I hereby acknowledge that I have voluntarily applied to participate in pet services with Fabled Farm & Pet Sitting. I am aware that there are inherent risks and hazards involved in activities with and around animals, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any animal, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.

I AGREE TO INDEMNIFY FABLED FARM & PET SITTING FROM ANY AND ALL CLAIMS BY MYSELF, MEMBER OF FAMILY, OR ANY AGENT WHILE WITHIN BOARDING FACILITIES, WITHIN MY HOME PROPERTY, OR IN THE GENERAL PUBLIC AS A RESULT OF ANY ACTION OR INACTION, OF EITHER MY ANIMAL(S) OR ANY ANOTHER. I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD THE PET SITTER HARMLESS (NOT RESPONSIBLE) FROM ANY DAMAGE, LOSS, LIABILITY OR EXPENSE, INCLUDING LEGAL COST AND ATTORNEY'S FEES, WHICH RESULT FROM DAMAGE CAUSED BY MY ANIMAL(S)

I have provided all necessary current vaccination documents from a licensed veterinarian attached to the appropriate section of the pet care packet. I have also read this document in its entirety, I understand and agree with everything outlined in the document.

Client Signature:	Date
Sitter Signature:	Date