

The Kitty's Corner
Cat Sitting Contract

First Visit Date:

Last Visit Date::

Tonia C. Evans, BSSP
A.S. Animal Care

Cat Boarding
Medical Care
Spa Services
& Products



"Your Cat's Luxury Oasis!"

PSI Insured and Bonded
References Available

781-447-KITTY (5489)

tevans@theKittysCorner.com
www.TheKittysCorner.com

Owner Name:

Address:

Home Phone:

Cell Phone:

Email:

Vacation Number:

Local Contact name/ #

Veterinarian:

Pet's Names	Description	Diet
Medication Instructions		
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If you have more than three cats please continue on the back-side		

Grooming	Service Type	Name of The Pet's For the Service	Qty	
	Nail Clipping \$10			
	Ear Cleaning \$5			
	Eye Cleaning \$5			
	Brushing (No Mats) \$7.50			
Pet Sitting	Sitting Fee\$	Medication	#Visits	

Circle Services Needed??	Feed Fish	Subtotal	_____
Water Plants	Take In Mail		_____
Rotate Curtains	Other:	Total Due	_____
Alternate Lights	Other		_____

I certify that I assume financial responsibility for my cats, listed above, and by signing I allow The Kitty's Corner, to care for my pets. If your pet has a pre-existing medical condition you must inform us before services begin. If your pet has an emergency medical situation, you allow the staff at The Kitty's Corner, to take the pet to a veterinarian to be treated and stabilized, and I agree to pay a \$15 Veterinary Trip Fee, and reimburse The Kitty's Corner for any out of pocket expenses or veterinary bills. I also understand and agree that The Kitty's Corner is not responsible for cats that are "allowed" to go outside during services dates. In the event that there are family members or service people entering the house during the dates of care, the Kitty's Corner is not responsible for actions taken by them. The Kitty's Corner sole responsibility is to provide exceptional care during the agreed upon visits. Payment is expected at the beginning of services. We accept cash, checks, Visa and MasterCard. Payments can be made on our website via Pay Pal.

Client Signature: _____ Date: _____