



**Professional Pet Sitters of Minnesota (PPSMN)** is an association of pet sitting business owners dedicated to promoting the welfare of all animals and raising the standards of the pet sitting industry through example, education and cooperation.

### Membership Criteria

The Professional Pet Sitters of Minnesota (PPSMN), a private, non-profit organization, reserves the right to accept or deny membership to any applicant. PPSMN is not obligated to inform applicants as to the reason(s) for denial of membership.

Acceptance of membership application is based on an individual basis, including the following factors:

1. The applicant business must, as its primary service, provide care to client pets in client homes (for example, in-home visits and dog walking).
2. The ability of the applicant to concur with the Code of Conduct, Code of Ethics and sign the PPSMN Member Agreement, Page 6 of this packet.
3. Provision of evidence of current pet sitters liability insurance and a valid Minnesota sales tax number.
4. Payment of yearly dues of \$105. Dues are renewed every February 1st. If you become a member after Feb 1<sup>st</sup>, but before September 1<sup>st</sup> your dues are still \$105; After September 1<sup>st</sup> the dues are only \$55.
5. Understanding and agreement by the applicant that all Members of PPSMN will be notified by e-mail of the applicant's intent to join PPSMN. If we have any recommendations from members to deny membership, we will discuss it at the next Board meeting and take a secret vote (majority, 1 vote more than 50/50). If no replies to deny membership are received by the Membership Coordinator via e-mail within 10 days after notification of the applicant's name, the applicant is approved without any further vote. If membership is denied, dues will be returned.

Please fill out application and return this with dues to:

Lauren Witheridge  
1960 Shamrock Place  
Chaska, MN 55318

## Membership Benefits

- Listing on the PPSMN website with zip code locator.
- Client referrals from other members, the online directory and phone referrals.
- Private on-line message board (Yahoo).
- Support for any problems you are experiencing with your business
- Participation in general membership meetings, functions and educational seminars sponsored by PPSMN.
- Voting privileges on any subject before the group, including e-mail vote.

## Professional Code of Ethics

- Treat every pet in your care as if it were your own.
- Be totally dependable.
- Be honest and trustworthy with your clients and fellow pet sitters.
- Respect and protect your client's home and property.
- Keep your promises and fulfill your commitments.
- Put the need of the pets before the need to make a profit.

## Association Code of Conduct

When members enroll in the Professional Pet Sitters of Minnesota (PPSMN), it is required that you agree to follow the Association Code of Conduct as stated below to the best of your ability.

1. I will be helpful and cooperate with my fellow pet sitters and not foster a spirit of competition.
2. I will be trustworthy and honest, fulfilling the duties I promised my clients.
3. I will refer clients to other resources if they can better serve the needs of their animal(s).
4. I will try to become a better pet sitter through education and learning from others.
5. I will discreetly bring to the attention of the PPSMN any problem clients and problem animals.

**Membership Application Information**  
Confidential/For Internal Association Use Only

\* Indicates required information for membership eligibility.

\*Owner Name \_\_\_\_\_

\*Business Name \_\_\_\_\_

\*Business Address \_\_\_\_\_

\*Mailing Address (No P.O. Boxes) \_\_\_\_\_

Phone Numbers – Please list in order of priority use

\*Phone 1 \_\_\_\_\_ Type: Business Cell Pager Home Other

Phone 2 \_\_\_\_\_ Type: Business Cell Pager Home Other

Phone 3 \_\_\_\_\_ Type: Business Cell Pager Home Other

Fax number \_\_\_\_\_

Email Address \_\_\_\_\_

Web Site \_\_\_\_\_

\*Date Business Established \_\_\_\_\_

\*Liability Insurance Provider \_\_\_\_\_

\*Liability Insurance Policy Number \_\_\_\_\_ \*Liability Insurance Renewal Date \_\_\_\_\_

\*Minnesota Sales Tax ID Number \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Independent Contractors \_\_\_\_\_

## Getting to Know You

Optional Information

(Please use reverse side if need additional space).

Birth Month and Date \_\_\_\_\_

Gender

M

F

Do you have pets of your own?

How did you find out about PPSMN?

Why did you start your business?

Did another pet sitter help you get started? If yes, who?

Why do you want to join PPSMN and what do you hope to gain as a member?

Do you have any formal training or pet sitting certification?

Do you belong to any other professional pet sitting organizations? Please list.

Are you involved in any volunteer work in the pet industry?

## Public Member Information

Published for Member and Client Use

\* Indicates required information.

\*Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Address \_\_\_\_\_

\*Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Web Site \_\_\_\_\_

\*Service Area Cities \_\_\_\_\_

\*Service Area Zip Codes \_\_\_\_\_

### \*Services Provided

In-home pet sitting (client's home)

Dog walking

In-home overnight care (client's home)

Board pets in-home (pet sitter's home)

Grooming

Training

Transportation

Pet Food and Supplies Delivery

Special Medical Needs

Home Security/House Checks

Other \_\_\_\_\_

### \*Pets Cared For

Cats

Dogs

Fish

Birds

Pocket Pets

Reptiles

Rabbits

Exotics

Horses

Livestock/Farm Animals

Other \_\_\_\_\_



### Member Agreement

I verify that the information provided is accurate and complete to the best of my knowledge. I acknowledge that any false statement or failure to disclose required information on this application will disqualify me from membership, or after I become a member, may result in my termination of membership.

By signing this agreement, I agree to adhere to the PPSMN Membership Criteria including the PPSMN Professional Code of Ethics and the PPSMN Association Code of Conduct.

I hereby voluntarily sign this agreement on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Print Name

X  
\_\_\_\_\_  
Signature