

Sitter: _____
Cust #: _____
Date: _____



Client & Pet Profile

Client Name: _____
Complete Address: _____
Phone #'s: (H) _____ (W) _____ (C) _____
E-Mail: _____

Service beginning date: _____ Service ending date: _____ Number of visits: _____

Expected departure date & time: _____ Expected return date & time: _____

Key received: Y/N
Does anyone else have a key? Y/N Names: _____
Left on final visit: Y/N Kept by sitter for future services: Y/N

NAME, TYPE & AGE OF PETS:

1) _____ M/F 2) _____ M/F 3) _____ M/F 4) _____ M/F

FEEDING INSTRUCTIONS:

#1
Type and location of food: _____
Quantity: _____ Feeding times: _____
Feeding instructions: _____
Food treats/Restrictions: _____

#2
Type and location of food: _____
Quantity: _____ Feeding times: _____
Feeding instructions: _____
Food treats/Restrictions: _____

#3
Type and location of food: _____
Quantity: _____ Feeding times: _____
Feeding instructions: _____
Food treats/Restrictions: _____

#4
Type and location of food: _____
Quantity: _____ Feeding times: _____
Feeding instructions: _____
Food treats/Restrictions: _____

EXERCISE/OUTSIDE:

Walks? Y/N Locations? _____ Leash locations: _____
Type of fence: Electric: _____ Wood: _____ Chain Link: _____ None: _____ Other: _____

PET CLEAN-UP:

Litter box location & instructions: _____
Accident clean-up instructions: _____
(particular spot remover/cleaner?)

LIKES/DISLIKES:

Reaction to children: _____ Other animals: _____
Likes: _____
(petted in certain spot)
Dislikes: _____
What might cause your pet to bite? _____

HEALTH:

Does your pet(s) require any medications? Y/N
If yes:
Purpose? _____
Type of medicine? _____
Quantity? _____ X's/day _____

Does your pet(s) have any medical problems? Y/N
If yes:
Explain: _____

Any particular instructions? _____

Are your pet(s) currently on vaccinations? Y/N Rabies tags visible and on pet? Y/N
If no, on file at vet Y/N Rabies tag & year # _____
Veterinarian Name: _____ Phone #: _____
Address: _____

If unable to reach your vet in the event of an emergency, may we use another? Y/N

HOME CARE:

Would you like any of the following services provided at no additional charge?

Indoor plants watered: Y/N Where? _____ Mail/Paper brought in: Y/N
Garbage/recycling take to curb? Y/N When? _____
TV/Radio left on for pet(s): Y/N Where? _____ Lights rotated: Y/N Where? _____
Security check instructions: _____

Will anyone else be coming home during service contract period? Y/N
Names: _____

What cars will there be?

EMERGENCY CONTACTS:

Where can they be reached? _____

1. Name: _____ Phone #: _____
1. Name: _____ Phone #: _____
2. Local person: _____

Location of fuse box: _____

Location of water shut off: _____

SERVICE #'s:

Police: _____ Fire: _____ Ambulance: _____
Lease Manager: _____ A/C Repair: _____
Electrician: _____ Plumber: _____
Other: _____

Services Requested:

Standard visit	___ # of visits ___	\$ _____	\$ _____
Out of area	___ # of visits ___	\$ _____	\$ _____
Additional time	___ # of visits ___	\$ _____	\$ _____
Mid-day walks	___ # of visits ___	\$ _____	\$ _____

Pet taxi:	Y/N	\$ _____	\$ _____
House check/No pets:	Y/N # of visits ___	\$ _____	\$ _____
Nail trimming:	Y/N	\$ _____	\$ _____
Key pick up charge:	Y/N	\$ _____	\$ _____

(If not received on introductory meeting)

Get acquainted meeting:		\$	N/C	\$	N/C
Bring in mail/paper:		\$	N/C	\$	N/C
Watering indoor plants:		\$	N/C	\$	N/C
Adjust lighting/blinds:		\$	N/C	\$	N/C
Garbage/recycling taken to curb:		\$	N/C	\$	N/C
Other: _____		\$ _____		\$ _____	

Discounts not included in this total will show on final bill. Total \$ _____

The parties hereto agree as follows: This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits.

Date Sit and Stay Pet Services (Client)