

**Pet Services**  
**Client and Pet Information**

**Contact Information:**

Today's Date: \_\_\_\_\_

*If something does not apply to you or your home, please indicate by entering "N/A" in the space.*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Number: \_\_\_\_\_

Phone Number(s) while out of town: \_\_\_\_\_

**Emergency Contacts** (local) if you cannot be reached:

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

**Schedule and Fees:**

Start date: \_\_\_\_\_ End/owner's return date: \_\_\_\_\_

Estimated home arrival time: \_\_\_\_\_

Services requested on owner's arrival date: \_\_\_\_\_

\_\_\_\_\_

Quoted price per day: \$ \_\_\_\_\_ x Total nights house/pet sitting: \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Additional services (beyond std. house/pet sitting): \_\_\_\_\_

Additional service charges per day: \$ \_\_\_\_\_ x Total days: \_\_\_\_\_ = Total add. srves: \$ \_\_\_\_\_

Discount for over 7 days of services: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_ 4% Service Tax: \_\_\_\_\_ Grand total: \$ \_\_\_\_\_

Deposit (20%): \$ \_\_\_\_\_ Received on: \_\_\_\_\_

Start date dues (remaining 50%): \$ \_\_\_\_\_ Received on: \_\_\_\_\_

Completion dues (50%): \$ \_\_\_\_\_ Received on: \_\_\_\_\_

**Describe Your Pet(s):** (Please use back of sheet if more than four pets.)

Pet(s) Name(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Age: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Species: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Breed: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Sex: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Known Allergies: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Favorite toys/activities: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Veterinary Clinic:** \_\_\_\_\_ Veterinarian Preference: \_\_\_\_\_  
Phone: \_\_\_\_\_ Special Emergency Number: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_

How would emergency vet services be covered if required? \_\_\_\_\_  
\_\_\_\_\_

Are your pets vaccinated? List vaccines each has had, provide access to veterinary history, or OK if Vet knows.  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

**Your Pet's Environment:**

Are pets secured in home or yard? \_\_\_\_\_ If so, how? \_\_\_\_\_

Where does your dog(s) live? Day time: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Night time: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Where does your cat(s) live? Day time: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Night time: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Has your pet ever bitten a person? \_\_\_\_\_ an animal? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your dog behave on a leash outdoors? If multiple dogs, please describe each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your dogs be walked together? \_\_\_\_\_

**Animal Care Requested and Schedule:**

Please check each service you would like to be performed. Describe the schedule and details to the right.

\_\_\_\_\_ Provide fresh water, feeding, and area cleaning: \_\_\_\_\_  
Times of day to feed: \_\_\_\_\_ What to feed and quantity: \_\_\_\_\_  
Pet 1) \_\_\_\_\_ Pet 1) \_\_\_\_\_  
Pet 2) \_\_\_\_\_ Pet 2) \_\_\_\_\_  
Pet 3) \_\_\_\_\_ Pet 3) \_\_\_\_\_  
Food is located in: \_\_\_\_\_

\_\_\_\_\_ Fresh cage bedding is in: \_\_\_\_\_  
Dispose of soiled bedding in: \_\_\_\_\_

\_\_\_\_\_ Sift litter: \_\_\_\_\_  
Litter box is in: \_\_\_\_\_  
Fresh litter is in: \_\_\_\_\_  
Plastic bags are: \_\_\_\_\_  
Dispose of excrement in: \_\_\_\_\_

\_\_\_\_\_ Let out/bring in pet(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Administer medications, located in: \_\_\_\_\_  
Times and doses: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Dog walks / cat playtime: \_\_\_\_\_  
\_\_\_\_\_  
Leash(es) and collar(s) are in: \_\_\_\_\_  
Toys are in: \_\_\_\_\_

\_\_\_\_\_ Basic grooming, brushing, combing, nail trim: \_\_\_\_\_  
\_\_\_\_\_  
Brushes are in: \_\_\_\_\_

\_\_\_\_\_ Pooper scooper, clean yard of poop: \_\_\_\_\_  
Dispose of excrement in: \_\_\_\_\_

\_\_\_\_\_ Pet taxi within 10 mile radius from your home for vet, grooming, park tour  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other pertinent information or service requests:** *(If not mentioned elsewhere)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Others Who Have Access to Your Home:** Names, phone numbers (landlord/lady, apt. manager, housekeeper):

\_\_\_\_\_  
\_\_\_\_\_  
Days and times gardener maintains yard: \_\_\_\_\_  
Days and times housekeeper cleans home: \_\_\_\_\_  
Any important upcoming home events: \_\_\_\_\_  
\_\_\_\_\_

**Special House Instructions:** (Alarm codes, keys, lock combinations, unusual switches, odd occurrences, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will we handle expenses if home emergency repair services need to be acquired? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**House Care Services and Schedule:**

\_\_\_\_\_  
Water indoor plants: \_\_\_\_\_  
Watering can is in: \_\_\_\_\_  
\_\_\_\_\_  
Water outdoor plants: \_\_\_\_\_  
Hose is located in: \_\_\_\_\_  
\_\_\_\_\_  
Bring mail in: \_\_\_\_\_  
\_\_\_\_\_  
Put trash out for pickup \_\_\_\_\_ Trash can location: \_\_\_\_\_  
\_\_\_\_\_  
Recycling out for pickup \_\_\_\_\_ Recycling bins location: \_\_\_\_\_  
\_\_\_\_\_  
Compost bin location: \_\_\_\_\_ Where bury/put compost: \_\_\_\_\_  
Shovel is located in: \_\_\_\_\_  
\_\_\_\_\_  
Water bottles out for pickup \_\_\_\_\_  
\_\_\_\_\_  
Additional requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_