

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: _____

