

Pet and House Sitting
Client, Pet, and Home 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: _____

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 addl. srvcs: \$ _____

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: _____

Emergency Contacts (local) if you cannot be reached:

Name _____ Email _____ Phone: _____
Name _____ Email _____ Phone: _____

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: _____

How will we handle expenses if home repair services need to be acquired? _____

Important Items and Locations:

Where is the plunger? _____

Where is the gas shut off valve? _____

Where is the water main shut off valve? _____

Where is the house water shut off valve? _____

Where is the fuse box? _____

Is there a washer and dryer? _____ May they be used during sitting? _____

TV and cable/dish information: _____

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

Home Care Requested 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: _____

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) _____
Spayed/Neutered:	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?

Any other pertinent information or service requests (please complete page 4 first):

Animal Care Requested and Schedule:

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

_____ Provide fresh water 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) :

Pet 1) _____

Pet 2) _____

Pet 3) _____

_____ 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: _____

Tools are in: _____

Dispose of excrement in: _____

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

