

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_