



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Vacation/Business Contact Information (Hotel)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Room#: \_\_\_\_\_

**Emergency Contacts**

The following individuals may give veterinarian consent for emergency treatment of any of my pets if I am unavailable.

Name: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

Pet Owner: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pet Information**

Pet Owner: \_\_\_\_\_  
Please fill out a separate pet information form for each pet being serviced.

**Pet Identification**

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_ No \_\_\_  
Rabies Vaccination Number: \_\_\_\_\_  
Health Problems, Allergies, and/or Limitations: \_\_\_\_\_

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

Medications: \_\_\_\_\_ If so, please see additional medical waiver.

## General Habits

### Fears and Phobias

Thunder and bad weather: Yes \_\_\_ No \_\_\_

Gunshots and fireworks: Yes \_\_\_ No \_\_\_

Additional fears: \_\_\_\_\_

### Playtime Activities

Favorite activity: \_\_\_\_\_

Favorite toy: \_\_\_\_\_

Location of toys: \_\_\_\_\_

### Interaction with others

Has he/she ever attacked or bitten anyone? Yes: \_\_\_ No: \_\_\_

If yes, please elaborate: \_\_\_\_\_

How does he/she react to strangers? \_\_\_\_\_

Are there any animals or people this pet should avoid? Yes: \_\_\_ No: \_\_\_

If yes, please list: \_\_\_\_\_

### Behavior

Does your pet ever have accidents on the floor? Yes: \_\_\_ No: \_\_\_

If so, how do you clean up the mess? \_\_\_\_\_

Does your pet respond to special commands? \_\_\_\_\_

Do you 'poop scoop' the solids from your yard after potty breaks? (dogs only) Yes: \_\_\_ No: \_\_\_

Location of scooper and bags: \_\_\_\_\_

Where do you dispose of the waste bags? \_\_\_\_\_

Do you have an underground fence system enabled? If so, do you remove your pet's collar at bedtime? \_\_\_\_\_

### Food/Water

Name of food: \_\_\_\_\_

Amount of food: \_\_\_\_\_ Frequency: \_\_\_\_\_

Where is the food kept? \_\_\_\_\_

Where is your pet fed? \_\_\_\_\_

Is your pet allowed treats? \_\_\_\_\_

### Dog Walking (additional charge)

Is your pet leash trained? Yes: \_\_\_ No: \_\_\_

Where is the leash kept? \_\_\_\_\_

Where do you generally walk your dog? \_\_\_\_\_

Where do you keep plastic bags to use to pick up solids while walking your dog?

Where do you put the used bags? \_\_\_\_\_

**Cats Only**

Do you use a liner in your litter box? Yes: \_\_\_\_ No \_\_\_\_

If so, where are they kept? \_\_\_\_\_

Where do you keep the litter? \_\_\_\_\_

How often do you scoop the litter? \_\_\_\_\_

How often do you change the litter? \_\_\_\_\_

Where do you dispose of used litter? \_\_\_\_\_

**Other**

Is there any other information about your pet that would be helpful for me to know about? \_\_\_\_\_

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

**Home Information**

Pet Owner: \_\_\_\_\_

Please fill out this information about your home so that I know how to care for your home while you are away.

**Other People in Your Home**

Who else has access to your home? (maid, relatives, neighbors)? \_\_\_\_\_

Who may be in the home while service is being provided? \_\_\_\_\_

Who else has a house key? Please list phone numbers of these people. \_\_\_\_\_

\_\_\_\_\_

**Security Systems**

Do you have an alarm system? \_\_\_\_\_

Where is it located? \_\_\_\_\_

How is it activated/deactivated (code, etc)? \_\_\_\_\_

**Home Care (if applicable)**

Watering Plants: Which plants and how often: \_\_\_\_\_

\_\_\_\_\_

**Shades/Drapes:**

Which shades or drapes should be closed in the evening and opened in the morning?

\_\_\_\_\_

Lights: Which lights should be turned on in the evening and off in the morning?

\_\_\_\_\_

Newspapers: Would you like your newspapers brought in, and where would you like them placed?

\_\_\_\_\_

Mail: Would you like your mail brought in? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where would you like it placed? \_\_\_\_\_

Trash: Where are your trash/recycling bins and which day should I place them curbside?

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### **Veterinarian Consent**

#### **Veterinarian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

#### **Emergency (after hours) Veterinarian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Should any of my pets become ill, Purr-furred Pet Sitting is authorized to transport them to either of the above veterinarians for medical diagnosis. I understand, that every effort will be made to contact me for authorization of treatment. However, in the case of an emergency, should I be unavailable, either of the above facilities is authorized to treat my pet at their discretion.

The charges for any vet visit or treatment will be applied to my account with the veterinarian, or be charged to my credit card should they require immediate payment.

Credit Card Type: Visa Mastercard Discover American Express

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Purr-furred Pet Sitting will do everything in their power to get my pet the medical treatment that he/she requires. Should however, my pets health condition turn fatal, I agree not to hold Purr-furred Pet Sitting liable.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medication Waiver

Purr-furred Pet Sitting agrees to administer medication to my pet \_\_\_\_\_. My pet is under the care of \_\_\_\_\_, who has prescribed \_\_\_\_\_ in the dosage of \_\_\_\_\_ for \_\_\_\_\_.

I have explained dispensing information and side effects of this medication to my pet sitter at Purr-furred Pet Sitting, and written dispensing information and emergency information is listed below.

I understand that Purr-furred Pet Sitting will dispense the medication in accordance with the written instructions below. I therefore waive any claim against Purr-furred Pet Sitting unless the sitter is found negligent and does not perform as agreed herein.

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ Pill or Liquid (circle one)

Doses per day: \_\_\_\_\_ At what times: \_\_\_\_\_

Does your pet take this medication well? \_\_\_\_\_

If in pill form, do you object to me placing the pill in peanut butter and giving it to the pet in this manner? \_\_\_\_\_

Instructions for Dispensing Medications and Emergency Information:

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Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

## Key Release

I authorize Purr-furred Pet Sitting to use my house key(s) during the time that they are contracted to care for my pets. If Purr-furred Pet Sitting does not keep my keys on file, there will be a \$10 pick-up and drop off fee.

\_\_\_\_ Please return my keys after I return home.

\_\_\_\_ Please keep my keys for future visits, until further notice.

Pet Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

