



Service Agreement for: ☐ **Pet Sitting** ☐ **Dog Walking**

Client & Household Information

Names: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Additional vacation contact phone numbers: _____

Referred by (check all that apply): ☐ Word of Mouth ☐ Online Pet Sitter Directory ☐ Google Search ☐ Advertisement

Emergency Contacts (at least one should live nearby and have a key to your home):

Name: _____ Phone: _____ Key to home: ☐ Yes ☐ No

Name: _____ Phone: _____ Key to home: ☐ Yes ☐ No

Do you own or rent your home? ☐ Own
☐ Rent - Landlord/Management Name & Phone: _____

Other persons entering home or on property (housekeepers, landscapers, repair persons, family/friends, neighbors, etc):

Name: _____ Relationship: _____

Dates/Times of Visits? _____ Key to home: ☐ Yes ☐ No

Name: _____ Relationship: _____

Dates/Times of Visits? _____ Key to home: ☐ Yes ☐ No

Key Received? ☐ Yes ☐ No (if not, when: _____) Key Tested? ☐ Yes ☐ No

Garage Door Opener Received? ☐ Yes ☐ No (if not, when: _____) Opener Tested? ☐ Yes ☐ No

Alarm Company Name: _____

Alarm Company Phone: _____ Code Word: _____

Alarm Entry Password & Instructions: _____

Alarm Exit Password & Instructions: _____

List the location of the following:

Leashes: _____ Meds/Supplements: _____ Gas shut off: _____

Food: _____ Breaker box: _____

Treats: _____ Toys: _____ Fire extinguisher(s): _____

Litter Boxes: _____ Brushes: _____ Other: _____

_____ Carrier(s): _____

Litter Supplies: _____ Doggie Towels: _____

Can Opener (if needed): _____ Water shut off: _____

Pet Information

Pet Name: _____ Sex: ☐ Male ☐ Female Neutered/Spayed: ☐ Yes ☐ No

Color: _____ Breed: _____ Age: _____

Feeding Time: ☐ AM: _____ ☐ PM: _____ Food: ☐ Wet ☐ Dry Feeding Location: _____

Special Toys: _____ Treats: _____

Medications & Supplements:

Name: _____ When: _____ Amount: _____ How: _____

Name: _____ When: _____ Amount: _____ How: _____

Name: _____ When: _____ Amount: _____ How: _____

Physical conditions or problems to watch for: _____

Behavior Issues and Remedies/Restrictions:

(i.e. strangers entering home, food aggression, behavior around other pets or people, separation anxiety, etc...)

What voice commands does this pet know? _____

Pet Name: _____ Sex: ☐ Male ☐ Female Neutered/Spayed: ☐ Yes ☐ No

Color: _____ Breed: _____ Age: _____

Feeding Time: ☐ AM: _____ ☐ PM: _____ Food: ☐ Wet ☐ Dry Feeding Location: _____

Special Toys: _____ Treats: _____

Medications & Supplements:

Name: _____ When: _____ Amount: _____ How: _____

Name: _____ When: _____ Amount: _____ How: _____

Name: _____ When: _____ Amount: _____ How: _____

Physical conditions or problems to watch for: _____

Behavior Issues and Remedies/Restrictions:

(i.e. strangers entering home, food aggression, behavior around other pets or people, separation anxiety, etc...)

What voice commands does this pet know? _____

Service Details

Date & Time Service Begins: _____ Date & Time Service Ends: _____

Preferred Visit Times*: ☐ AM: _____ ☐ Mid-Day: _____ ☐ PM: _____

**Pet sitting: cats - minimum 1 visit per day; dogs - minimum 2 visits per day. In order to accommodate all of our clients, the pet sitter will arrive within 1 hour before and 1 hour after the indicated time above. Visits before 7:00 am or after 8:00 pm are an additional \$10.00 per visit. Holiday visits are an additional \$5.00 per visit.*

Additional Free Services Needed (check all that apply):

☐ Bring in mail/newspapers

Location of mailbox and/or keys:

☐ Put out trash (days) _____

Location of Cans/Dumpster:

- ❑ Alternate lights

- ❑ Alternate blinds

☐ Water indoor plants

 Turn on/off TV or radio

Customized Services Needed (additional fees may apply): _____

For Dogs - Outdoor Cleanup Instructions / Location of Pick-up Bags: _____

For Cats - Litter Box Contents Disposal Instructions: _____

Additional Notes: _____