

## Client & Pet Profile

Sitter: \_\_\_\_\_  
Cust #: \_\_\_\_\_  
Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Service beginning date: \_\_\_\_\_ Service ending date: \_\_\_\_\_ Number of visits: \_\_\_\_\_

Expected departure date & time: \_\_\_\_\_ Expected return date & time: \_\_\_\_\_

Key received: Y/N

Does anyone else have a key? Y/N Names: \_\_\_\_\_

Left on final visit: Y/N Kept by sitter for future services: Y/N

### NAME, TYPE & AGE OF PETS:

1) \_\_\_\_\_ M/F 2) \_\_\_\_\_ M/F 3) \_\_\_\_\_ M/F 4) \_\_\_\_\_ M/F  
\_\_\_\_\_  
\_\_\_\_\_

### FEEDING INSTRUCTIONS:

#1

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#2

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#3

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

#4

Type and location of food: \_\_\_\_\_

Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Food treats/Restrictions: \_\_\_\_\_

### EXERCISE/OUTSIDE:

Walks? Y/N Locations? \_\_\_\_\_ Leash locations: \_\_\_\_\_

Type of fence: Electric: \_\_\_\_\_ Wood: \_\_\_\_\_ Chain Link: \_\_\_\_\_ None: \_\_\_\_\_ Other: \_\_\_\_\_

### PET CLEAN-UP:

Litter box location & instructions: \_\_\_\_\_

Accident clean-up instructions: \_\_\_\_\_

(particular spot remover/cleaner?)

**LIKES/DISLIKES:**

Reaction to children: \_\_\_\_\_ Other animals: \_\_\_\_\_

Likes: \_\_\_\_\_  
(petted in certain spot)

Dislikes: \_\_\_\_\_

What might cause your pet to bite? \_\_\_\_\_

**HEALTH:**

Does your pet(s) require any medications? Y/N

If yes:

Purpose? \_\_\_\_\_

Type of medicine? \_\_\_\_\_

Quantity? \_\_\_\_\_ X's/day \_\_\_\_\_

Does your pet(s) have any medical problems? Y/N

If yes:

Explain: \_\_\_\_\_

Any particular instructions? \_\_\_\_\_

Are your pet(s) currently on vaccinations? Y/N Rabies tags visible and on pet? Y/N

If no, on file at vet Y/N Rabies tag & year # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

If unable to reach your vet in the event of an emergency, may we use another? Y/N

**HOME CARE:**

Would you like any of the following services provided at no additional charge?

Indoor plants watered: Y/N Where? \_\_\_\_\_

Mail/Paper brought in: Y/N

Garbage/recycling take to curb? Y/N When? \_\_\_\_\_

Lights rotated: Y/N Where? \_\_\_\_\_

TV/Radio left on for pet(s): Y/N Where? \_\_\_\_\_

Security check instructions: \_\_\_\_\_

Will anyone else be coming home during service contract period? Y/N

Names: \_\_\_\_\_

What cars will there be?

**EMERGENCY CONTACTS:**

Where can they be reached? \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Local person: \_\_\_\_\_

**EMERGENCY INSTRUCTIONS:**

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

Location of fuse box: \_\_\_\_\_

Location of water shut off: \_\_\_\_\_

**SERVICE #'s:**

Police: \_\_\_\_\_ Fire: \_\_\_\_\_ Ambulance: \_\_\_\_\_

Lease Manager: \_\_\_\_\_ A/C Repair: \_\_\_\_\_

Electrician: \_\_\_\_\_ Plumber: \_\_\_\_\_

Other: \_\_\_\_\_

**Services Requested\*:**

Standard visit	___ # of visits ___	\$ _____	\$ _____
Out of area	___ # of visits ___	\$ _____	\$ _____
Additional time	___ # of visits ___	\$ _____	\$ _____
Mid-day walks	___ # of visits ___	\$ _____	\$ _____

Pet taxi:	Y/N	\$ _____	\$ _____
House check/No pets:	Y/N # of visits ___	\$ _____	\$ _____
Nail trimming:	Y/N	\$ _____	\$ _____
Key pick up charge:	Y/N	\$ _____	\$ _____

(If not received on introductory meeting)

Get acquainted meeting:	\$	N/C	\$	N/C
Bring in mail/paper:	\$	N/C	\$	N/C
Watering indoor plants:	\$	N/C	\$	N/C
Adjust lighting/blinds:	\$	N/C	\$	N/C
Garbage/recycling taken to curb:	\$	N/C	\$	N/C
Other: _____	\$ _____		\$ _____	

Discounts not included in this total will show on final bill. Total \$ \_\_\_\_\_

The parties hereto agree as follows: This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits.

_____ Date	_____ (Company Name)	_____ (Client)
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\*\$10.00 surcharge per day for major holidays (Thanksgiving, Christmas Eve, Christmas, New Year's Eve, New Year's Day, Easter Sunday, Memorial Day, Fourth of July, Labor Day)