



MuddyPaws PET SITTING

TODAY'S DATE: _____

PET NAME(S): _____

CLIENT INFORMATION			
Client:		How did you hear about us?	
Address:	City:	State:	Zip:
Email address:	Cell Phone:		

#1 PET INFORMATION			
Pet's Name:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Type of Pet:	Breed/Color/Weight:	Current Vaccinations: Y <input type="checkbox"/> N <input type="checkbox"/>	
Vaccinations on record with your current veterinarian? Y <input type="checkbox"/> N <input type="checkbox"/>	Flea/Tick/Heartworm treated: Y <input type="checkbox"/> N <input type="checkbox"/>	Is pet micro-chipped: Y <input type="checkbox"/> N <input type="checkbox"/>	
Separation Anxiety: Y <input type="checkbox"/> N <input type="checkbox"/>	What helps with the anxiety?		
How long have you had your pet?	Was your pet a rescue: Y <input type="checkbox"/> N <input type="checkbox"/>	Was your cat ever feral? Y <input type="checkbox"/> N <input type="checkbox"/>	
Feeding Instructions (amounts, times per day, etc.):		Is your dog potty-trained?	Y <input type="checkbox"/> N <input type="checkbox"/>
Health Concerns/Food Allergies:		Does your dog "mark?"	Y <input type="checkbox"/> N <input type="checkbox"/>
Medications:		Is your dog allowed on furniture?	Y <input type="checkbox"/> N <input type="checkbox"/>
Quirky Behaviors:		Is your dog crate trained?	Y <input type="checkbox"/> N <input type="checkbox"/>
Where does your pet sleep at night?		Does your dog chew?	Y <input type="checkbox"/> N <input type="checkbox"/>

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MORE PETS or MORE INFO? PLEASE USE THE BACKSIDE OF THIS FORM TO COMPLETE PET'S INFORMATION or ADD MORE PETS.

DOG WALKING SERVICES		
Command used to go potty:	Does your dog come when called? Y <input type="checkbox"/> N <input type="checkbox"/>	Does your dog know his/her name? Y <input type="checkbox"/> N <input type="checkbox"/>
How does your dog walk on a leash? Does your dog "pull?"		
How does your dog react around other dogs, cats, or small animals?		

PET BEHAVIOR AND SAFETY OF PET SITTER

____ (Initial) I certify that my pet has not harmed or shown aggressive or threatening behavior toward any person or any other animal. If unsigned, please explain:

Please indicate any behavior that the pet sitter should be made aware of for the pet sitter to be safe, i.e. Cat will bite if tummy is rubbed, or Dog growls if you try to take away his toy.)

EMERGENCY CONTACT INFORMATION

1) Name:	Email:	Cell: Relationship:
2) Name:	Email:	Cell: Relationship:

MEDICAL EMERGENCY SERVICES

Veterinarian's Name/Clinic:	Phone:	Address:
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Please describe any known medical or physical problems, including allergies:

Emergency Medical Care. If, in our judgment, your pet requires immediate medical care and we are unable to reach you, we will take your pet to a veterinarian or animal hospital. *YOU MUST INITIAL AND CHECK 'Yes' FOR THIS FORM TO BE VALID*

Yes ☐ Initial _____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet, and you release Muddy Paws, and its independent contractors of and from any and all responsibility for claims, damages, and/or debts arising out of or related to such medical care including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

If owner and the emergency contact person(s) cannot be reached to approve medical assessed fees, please indicate if there's a limit/no limit on medical expenses, and initial. Yes ☐ \$ _____ Initial _____ No Limit ☐ Initial _____

Many emergency vets require a signature to resuscitate while in vet care for an additional cost. Yes ☐ Initial _____ No ☐ Initial _____

***We suggest that you notify your Vet to give authorization for care of your pet while you're away, especially if you will be out of the country.**

TERMS & CONDITIONS

Acceptable forms of payment for services rendered by Laura Kesten: cash or check payable to Laura Kesten or Muddy Paws.

TERMS OF CONTRACT

Please read carefully and initial each section thereby validating this contract for all services from the date of first service and for all future services rendered by MP, or until contract is terminated by either party.

____ (initial) MP agrees to exercise due and reasonable care in the execution of the services provided to the Client. If the animal(s) becomes ill while under our care, you will be notified at once. If you cannot be reached, we will attempt to notify the emergency contact. If the animal's condition requires immediate action, we have the right to notify the veterinarian listed on the information sheet. If we cannot contact the listed veterinarian, we have the right to call a veterinarian of our choice and/or transport the animal to a veterinarian in either case. All veterinarian's fees are payable in full by you.

____ (initial) MP shall not be responsible for the injury or death of any animal(s), except in those instances where we have been guilty of willful or wanton negligence in the performance of our services.

____ (initial) MP is not responsible for damages and expenses resulting from chewing, scratching and/or multiple accidents. The client assumes full financial responsibility for any and all expenses involved.

____ (initial) ***In the case whereby the pet sitter is injured by the client's pet, the client is responsible for all medical expenses.*** Client agrees to indemnify, hold harmless, and defend the pet sitter.

____ (initial) Client authorizes this signed contract to be a valid approval for future services of any purpose provided by this contract permitting MP to accept telephone or text reservations for services, and to enter premises without additional signed contract or written authorization.

I certify that I've read, understand and agree to the policies of Muddy Paws Petting Sitting (MP) as set forth in this Service Contract.

Client Signature _____ Date _____

MP agrees to keep your Service Contract on file for one year
for current and all future services provided.
It is recommended that you make a copy for your personal file