

# The Bolton Butlers LLC

## PET SITTING INTAKE FORM

### PET OWNER INFORMATION

Name:

Address:

Phone:

Email:

### EMERGENCY CONTACT DETAILS (someone in town when you are away)

Name:

Relationship:

Phone:

### PET INFORMATION

Name:

Breed:

Color:

Age:

Allergies:

Feeding Instructions/Schedule:

Daily Routine (Potty breaks, Bedtime, Scared in bad weather, fireworks)

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## VETERINARIAN INFORMATION

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

Clinic Name & Address: \_\_\_\_\_

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

**Pets Medical History:**

Pets Current Illnesses: \_\_\_\_\_

Medications: \_\_\_\_\_

## HOME INFO/ACCESS

How will we enter your home? garage door, door to house? We request a garage door opener if available \_\_\_\_\_

Codes we will need: \_\_\_\_\_

**We always request a key as back up in addition to any codes or garage door openers**

Any other home information needed/ surveillance inside or outside? \_\_\_\_\_

Is a kennel used? \_\_\_\_\_ Do you have a doggy door? \_\_\_\_\_ Will dogs be using it? \_\_\_\_\_

Will anyone else be in your home while you are gone? \_\_\_\_\_

Bring in your mail? \_\_\_\_\_ Day of week trash is picked up \_\_\_\_\_ Put out trash on trash day? \_\_\_\_\_

## SERVICE DATES

Start Date : \_\_\_\_\_ End Date: \_\_\_\_\_ Overnights YES \_\_\_ NO \_\_\_

Dates of overnights: \_\_\_\_\_ 10 Hr \_\_\_ 12 Hr \_\_\_

**Check in options:** 20 min- play and potty, 25 min- potty,feed,play,potty, 30 min-more play time added, 45 minute-a few of these are great if pet sit is longer than 5 days to ease pets who are missing their humans.List dates and number and length of check ins needed:

**EX: 6/10- two 25 min and one 20 minute check in**

**DATES:**


Additional

Information: \_\_\_\_\_

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# Additional Pet Information

PET INFORMATION		
Name:	Breed:	
Color:	Age:	Allergies:
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# PET SITTING AGREEMENT

## PET OWNER RESPONSIBILITIES

If the pet(s) have any known behavioral issues or aggression triggers, the Pet Owner must disclose these details to the Pet Sitter. The Pet Sitter has the right to refuse to provide the Services if the pet(s) have a contagious disease or display aggressive and dangerous behavior.

## PAYMENT AND FEES

The payment for the Services is due on or before the first day of services. If the payment is not made by the due date, a late payment fee of \$10.00 may be charged. In the event of non-payment, the Pet Sitter reserves the right to withhold or terminate services.

## CONFIDENTIALITY

The Pet Sitter should keep all of the Pet Owner's information (e.g., contact information, home access codes, security measures, etc.) strictly confidential.

## EMERGENCIES

In the event of a pet medical emergency or illness during the service period, the Pet Sitter will make every reasonable effort to contact the Pet Owner or their emergency contact immediately. If the Pet Owner cannot be reached in time, the Pet Owner authorizes the Pet Sitter to seek emergency veterinary care for their pet if necessary for the pet's health, safety, and well-being. The Pet Owner shall be responsible for all associated veterinary expenses.

## CANCELLATION AND TERMINATION

The Pet Owner is required to provide notice at least 5 days prior to the start date. If a cancellation is made after this period, a cancellation fee of \$20 may be imposed. The Pet Sitter reserves the right to cancel or terminate services at any time due to unsafe work conditions or aggressive pet behavior. Should the Pet Sitter cancel the Services, the Pet Owner will be notified, and a proportionate refund of any pre-paid fees will be provided.

## LIABILITY

The Pet Owner agrees to indemnify and hold harmless the Pet Sitter from any claims, liabilities, damages, expenses (including legal fees), or harm to the pet(s) arising from the Services, except in cases of gross negligence or willful misconduct by the Pet Sitter.

*By signing below, both parties acknowledge and agree to the terms and conditions stated in this agreement.*

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PET OWNER'S SIGNATURE

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DATE

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*Debbie Bolton*

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PET SITTER'S SIGNATURE

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DATE