

Client & Pet Care Information Sheet

PS We Love Your Pets, LLC.



CLIENT INFORMATION

Name: _____

Contact Preference/In Town: Home Phone Cell Work E-mail Text

Address: _____

Contact Preference/While Away: Home Phone Cell Work E-mail Text

Client Permission: Allow pet(s) photos to be posted on pet sitting company's social media sites (Facebook & Instagram)? Yes No

Home Phone: _____

Travel Information:

Cell Phone: _____

Where can you be reached? (Hotel, etc.)

Can you accept text messages: Yes No

Work Phone: _____

Phone: () _____ (We MUST have a telephone number or way to reach you.)

E-mail: _____

Date & hour leaving town: _____

Referred by: _____

Date & hour returning: _____

Means of travel: Car Plane: Flight/Carrier _____

Other _____

Emergency contact: _____ Phone: () _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?

(Name, address and phone number.)

Name, address and phone number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or unforeseen circumstances preventing your return: _____

KEY(S) RECEIVED AND TESTED

KEY RETURN:

- In Person
- Left During Final Visit
- Returned By Mail
- Other _____
- Garage Door Opener*

Locksmith Clause: In the event that pet sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

***We must have a house key if garage door opener is used for home access.**

PET CARE INFORMATION

Pet's Name	Description (Color/Breed)	Pet Birthday	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/Special Treats

S/N* — Spayed or Neutered

Day or Dates	No. Visits Per Day	Pet's Name	A.M. Diet	P.M. Diet	Daily Exercise	Daily Medications	Restrictions

Vet Preference: _____ Phone: () _____

Is your vet aware that you will be using our pet sitting service? No, will notify Yes, have notified

Does your pet have health insurance? _____

Does your pet allow you to brush and groom it? Yes No

Pet grooming preferences: _____

Has your pet had obedience training? Yes No

If yes, commands recognized: _____

Is the pet microchipped? If so, list chip company, phone # and I.D. # _____

Is there a digital I.D. tag? If so, list company and Web site: _____

How do pets react to your absence from home? _____

How does your pet react toward children and adult strangers? _____

How does your pet react to other pets; e.g. any in-house grumbling or fighting? _____

Are you aware of any reason we should approach any of your pets with caution? _____

Does your pet have any contagious illness? _____

Does your pet have any physical conditions or problems I need to be alert to? _____

List any special attention these conditions or problems may require: _____

Has your pet ever bitten anyone, animal or human? _____

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs, neighborhood issues, etc.)? _____

Are pets secured in home or yard? _____

Pet Food/Treats Located: _____

Leash Location: _____

Cleaning Supplies Location: _____

Waste Cleanup and Disposal? _____

Disposal of litter box contents? _____

PET CARE INFORMATION (continued)

In the event of your pet's death during your absence, what arrangements should be made? _____

Will pet-care responsibility be shared with anyone else during your absence? Yes No

If yes, please give name, address, phone number of other person and details of shared responsibility arrangement:

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., biting's, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

HOME CARE INFORMATION

Others who have access to home (incl. phone numbers): _____ Other phone numbers: _____
 _____ Landlord: _____ Maid/Cleaning Service: _____
 _____ Plumber: _____ Electrician: _____

Location of fuse box (and fuses)/circuit breaker: _____ Water shut-off valve: _____

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? Yes No Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Gate Access Code: _____ Gate Access Instructions: _____

Day or Dates	Bring In Mail	News-papers	Alternate Lights	Curtains	Water Indoor Plants	Water Outdoor Plants	Bird Feeder	TV/ Radio	Litter Box S/C*	Answer Phone	Recycling/ Garbage Disposal	Pick-up Time

S/C* S=Scoop C=Clean and Replace Litter

Additional Instructions/Comments: