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|  | Pet Stay-Cation Intake Form[www.islandpetsitter.ca](http://www.islandpetsitter.ca)Info@ilsandpetsitter.ca |

# Personal Information

|  |  |
| --- | --- |
| Name of pet parent(s) |  |
|  |  |
| Home address |  |
| Home phone |  |
| Mobile or cellular phone |  |
| Emergency contact (friend/neighbor) |  |
| Phone & address |  |
| Where will you be vacationing: |  |
| Dates requested for pet sitting: |  |
| Requested arrival time of pet sitter: |  |
| Approx time of arrival on day home: |  |
|  |  |

# Pet Information

|  |  |
| --- | --- |
| Name of pet(s) |  |
| Approx age & weight |  |
| Medical issues: |  |
| Medications: |  |
| Routines:Ok to take pet in car:Crate/Seat belt? |  |
| Type of food:Where to purchase food if needed: |  |
| Special needs: |  |
| Name of veterinarian: |  |
| Address & phone of veterinarian: |  |
| Emergency number: |  |

# Booking information:

|  |  |
| --- | --- |
| DepositsA deposit of ½ of the total amount of the pet sit is required at the time of booking.Cancellations: For cancellations 30 days prior to the Stay-Cation date 50% of the deposit will be refunded (25% of the total cost).For cancellations less that 30 days prior to the start of the Stay-Cation then unfortunately the deposit will not be refunded. |  |
| I carry pet sitters’ insurance, but sometimes unforeseen circumstances occur. |  |
| I hereby waive any liability that may occur as an outcome of Island Pet Sitters care of my pet and my home. |  |
| Name: | **Date:** |
| Signature: |  |
|  |  |
| Do you agree to your pets picture being used for promotional use on Island Pet Sitter’s website & social media? |  |
| Yes No  Signature |  |
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