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|  | Pet VisitIntake 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 |  |
| Dates requested for visits: |  |
| Number of visits per day: |  |
| Requested arrival time of pet sitter: |  |
|  |   |
| House Insurance by:  |  |

# Pet Information

|  |  |
| --- | --- |
| Name of pet(s) |  |
| Approx age & weight |  |
| Medical issues: |  |
| Medications: |  |
| Routines: |  |
| Feeding:  |  |
| Special needs: |  |
| Name of veterinarian: |  |
| Address & phone of veterinarian: |  |
| Emergency number: |  |

# Booking information:

|  |  |
| --- | --- |
| DepositsA deposit of ½ of the total amount of the pet visit is required at the time of booking.Cancellations: Visits can be cancelled up until the first visit day. After that the deposit will be kept and the balance will not be collected. |  |
| 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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