**LOVING PET CARE OVERNIGHT AND HOUSE SITTING**

**www.LovingPetCare.info**

**SITTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT INFORMATION:**

Client(s): Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: Additional phone numbers: Email Address(s):

Other contact info:

**PET INFO**

MORNING ROUTINE FOR PETS (if different than info on pet profile)

! Feeding:

! Outdoors - indicate where and for how long: Other:

PRE BEDTIME ROUTINE FOR PETS

! Snacks - type and quantity:

! Outdoors - indicate where and for how long: Other:

SLEEP ROUTINE

Please indicate where pets sleep at night (check all that apply)

! Confined to crate at night – Location of crate:

! Confined at night (other than crate) – Location:

! Pets sleeps in bed with family members

! Pets sleep outside

Other:

FURNITURE

Are pets allowed on furniture? YES NO If yes, please indicate any restrictions**:**

Other:

**HOME INSTRUCTIONS**

! Alarm: (Company’s Phone #/Our Password) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

! Indoor lighting – please specify:

! Outdoor lighting – please specify:

! Washer/Dryer – locations/instructions:

! Vacuum & Cleaning Supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

! Dishwasher –instructions:

! Window coverings:

! Thermostat settings:

! Cameras in home – LOCATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:

! Plant and/or lawn instructions (if applicable):

Other:

**ARRANGMENTS FOR PET SITTER**

! Location of bed:

! Linens – location and specific items: \

(what should we do with linens/towels upon completion of stay?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the items your pet sitter may use:

! Television – location/instructions:

! Refrigerator – specify:

! Swimming pool

! Telephone (land line if alarm in use)

WIFI:

SIGNED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CLIENT Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LOVING PET CARE Date