

PET SITTING SERVICE CONTRACT

Interview Appt.: _____

CLIENT INFORMATION

Name: _____ Referred by: _____

Address: _____

Directions: _____

Total # of Pets in the Home: ___ Dogs ___ Cats ___ Birds ___ Fish ___ Cage Pets ___ Other (please list) _____

Contact Information

Home Phone: _____ Work Phone: _____ E-mail: _____

Cell Phone: _____ Can you accept text messages: Yes No If yes, would you like to receive photos of your pet(s) via text during your absence? Yes No

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

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

Client Permission: Allow photos of your pet(s) to be posted on pet sitting company's social media sites (Facebook, twitter, etc.)? Yes No

In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?

Name & Address: _____ Phone: () _____

Travel Information (if applicable):

In the event that you cannot be reached by your cell phone and/or email, please provide your out-of-town lodging information below.

Hotel/where you will be staying: _____

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

Date & hour leaving town: _____ Date & hour returning: _____

Means of travel: Car Plane: Flight/Carrier _____ Other _____

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.)

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that we have been given their contact information.

Name: _____ Phone: () _____