PET SITTING SERVICE CONTRACT

Interview Appt.:

CLIENT INFORMATION

Name:		
Address:		_
Directions:		
Referred by (please check one): □G	oogle Search □Social Media □Another pet parent or provider (Name:)	
□Other (Please specify:)	
Total # of Pets in the Home: Dog	Cats Birds Fish Cage Pets Other (please list)	_
Contact Information		
Home Phone:	Work Phone: E-mail:	_
Cell Phone: via text during your absence? □Yes [Can you accept text messages: □Yes □No If yes, would you like to receive photos of your pets(s)
Contact Preference/While Away: □Ho	Phone	
	EMERGENCY CONTACTS	
In case of emergency, with your pet(s)	or home, and you cannot be reached, who should we contact?	
Name & Address:	Phone: ()	_
In case of inclement weather or na	tural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pet	s?
	(Name, address and phone number.)	
care of your pet(s) until final pet guardi	e to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over tanship is determined by arrangements made in your will or other legal documents. The person(s) below that you have listed them as your emergency pet guardianship contact and that we have be	
	Phone: ()	
	TRAVEL INFORMATION (IF APPLICABLE)	
•	by your cell phone and/or email, please provide your out-of-town lodging information below.	_
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/	Date & hour returning: Carrier Other	