



Leash on Life Pet Services
Dog Walking/Pet Sitting

Pet Sitting Form

CLIENT INFORMATION

Client(s): _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

Other: _____

TRAVEL INFORMATION

Date Leaving: _____ Time Leaving: _____

Date Returning: _____ Time Returning: _____

Flight Information: _____

Contact Information: _____

Email Address While Away: _____

Emergency Contact Name: _____ Phone: _____

Does This Person Have A Key To Your Home? Yes No

Others Who Have Keys To Your Home: _____

Location of extra key: _____

Garage Code (if applicable): _____

HOME CARE INFORMATION (circle all that apply)

Bring in mail	Bring in paper	Alternate lights
Open/Close curtains	Put trash cans out	How to use tv/dvd
Water plants	Thermostat	Wifi password

LOCATION OF IMPORTANT ITEMS:

Leash/crate/cat carrier:

Pet Food:

Cleaning Supplies:

Pet Towels:

Thermostat:

Breaker Box:

Indoor/Outdoor light switches:

Waste disposal bags:

Other:

Alarm Panel:

Alarm deactivation Code:

Alarm activation Code:

Alarm company Name:

Alarm company Phone:

Pet Sitting Agreement

Date of first visit:

Date of last visit:

I agree that I have requested that pet sitter take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per overnight: \$

I understand that 50% of payment is due at or prior to the time of the first visit and the balance paid in full upon the day of your return.

Owner's Signature: Date: _____

Owner's Name (please print): _____