

Southwest Pet Sitters, Inc.

Client Information:

Pet Owner's Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Emergency Phone: _____

Pet(s) In House:

Total # of Dogs: _____ Total # of Cats: _____

Total # of Birds: _____ Total # of Small Animal: _____

Total # of Fish Tanks: _____ Total # of Reptiles: _____

A) Name(s): Breed Description(s):

Distinguishing marks/coloration

Pet 1) _____ Sex: _____

Pet 2) _____ Sex: _____

Pet 3) _____ Sex: _____

Pet 4) _____ Sex: _____

Has Dog(s) or pet(s) have any history of aggressive behavior, biting or attacking anyone? _____

Exercise and Poop Habits: _____

Does any of your pets have any Fears, Separation Anxiety or Phobias (e.g. Lighting)? Yes _____ No _____

If Yes, Please List _____

B) Feeding/Diet and Drinking Habits Of Pets:

Pet 1) How much dry food? _____ Wet food? _____

What time is normal feeding? AM _____ PM _____ Treats? Yes _____ NO _____

Pet 2) How much dry food? _____ Wet food? _____

What time is normal feeding? AM _____ PM _____ Treats? Yes _____ NO _____

Pet 3) How much dry food? _____ Wet food? _____

What time is normal feeding? AM _____ PM _____ Treats? Yes _____ NO _____

Pet 4) How much dry food? _____ Wet food? _____

What time is normal feeding? AM _____ PM _____ Treats? Yes _____ NO _____

List any special feeding or drinking request: _____

C) Medical History And Medicine Waiver:

Any pre-existing health problems or health concerns? Yes _____ No _____

If Yes, Please list _____

Medications Requirements (We will only administer pills or liquid. All injections by Vet Only)

Instructions for dispensing medications: _____

Veterinarian Name: _____

Address: _____

Telephone: _____

I have explained dispensing information and the effects of this medication to Southwest Pet Sitters, Inc. I give my permission to dispense medication to pet(s) as Instructed: Yes _____ No _____

Name and number of others who will have access to your home while you are gone: (e.g. Neighbor, Maid Service, ect.) _____

Who to contact in case of emergency? (Relative -- Name, Relationship, Address and Phone number) _____

Southwest Pet Sitters some times takes pictures of the animals in their care to put on the web site. Is it OK for us to use your pet picture? Yes _____ No _____

I have received the services agreement sheet and have read and reviewed the contents and understand the service agreement and polices. Yes _____ No _____

D) HOUSE INFORMATION:

Please detail any conditions or situations that may be unique to your home that I need to be aware of prior to performing pet sitting service? _____

Alarm Access Code _____

Alarm Instructions _____

Alarm Company _____ Gate Code/Card _____

E) Medical Release:

During my absence, I hereby authorize Michelle Pacheco or Lillian Pacheco, dba/ Southwest Pet Sitters, Inc. ("the company") to seek medical treatment for my pet(s) if needed and administer medications the vet might prescribe. I will remain responsible to pay all such medical expenses whether directly to the provider of the medical treatment or to Michelle Pacheco, dba/ Southwest Pet Sitters within five(5) days of my return.

I Have Answered the Client Pet Information Sheet With Accuracy and Honesty and I Understand and Have Reviewed the Contents of This Form:

Client Signature: _____ Date: _____

Pet Sitter Signature: _____ Date: _____

-----Pet Sitter Section-----

Key Received: _____ Tested _____

Garage Opener Received: _____ Tested _____

Key Staying On File: Yes _____ NO _____

Garage Opener Staying On File: Yes _____ NO _____