

Southwest Pet Sitters, LLC

CLIENT INFORMATION:

Pet Owner's Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Emergency Phone: _____

Name of Emergency Contact Person in Case of Emergency: _____

PET(S) IN HOUSE INFORMATION:

Total # of Dogs: _____

Total # of Cats: _____

Total # of Birds: _____

Total # of Small Animal: _____

Total # of Fish Tanks: _____

Total # of Reptiles: _____

A) NAME AND DESCRIPTION OF PET(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? _____

Does any of your pets have any Fears or Separation Anxiety e.g. Lighting)? YES__ NO__

If Yes, Please List _____

Exercise and "Poop & Pee-Pee" Habits: _____

B) FEEDING/DIET AND DRINKING HABITS OF PET(S)

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 _____

List any special feeding or drinking request: _____

What is your pets sleeping arrangement? _____

C) MEDICAL HISTORY, MEDICINE WAIVER AND MEDICAL RELEASE:

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

Veterinarian Name: _____

Address: _____

Telephone: _____

Any pre-existing health problems or health concerns? YES_____ NO_____

If Yes, Please list _____

Medications Requirements *We will **only administer pills or liquids** – all injections by Vet only:

Instructions for dispensing medications: _____

I have explained dispensing information and the effects of this medication to Southwest Pet Sitters, llc.

I give my permission to dispense medication to pet(s) as instructed: YES_____ NO_____

D) HOUSE INFORMATION:

I hereby authorize Michelle Pacheco dba/ Southwest Pet Sitters, llc. (“the company”) to enter into my residence to take care of my Pet(s) and house while away. YES_____ NO_____

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

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

Alarm Access Code _____

Alarm Instructions _____

Alarm Company _____ Gate Code/Card _____

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

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

Client’s Signature: _____ Date: _____

Pet Sitter’s Signature: _____ Date: _____

-----Pet Sitter’s Section-----

Key Received & Tested _____

Garage Opener Received & Tested _____