

The Pet Sitters LLC

Client Profile

(203) 903-0626

Client Name: _____

Address: _____

City: _____ Zip Code: _____

Major Cross Streets: _____

Home Telephone: _____ Cell: _____ Work: _____

Email Address: _____

What is the best way to reach you during normal business days? _____

How can you be reached while away (please update The Pet Sitters regularly with locations and phone numbers):

Emergency Contact(s) - REQUIRED	Relationship	Telephone(s)	Key to Home?
_____	_____	_____	Y N
_____	_____	_____	Y N

Others who have access to your home (housekeeper, gardener, etc.): _____

Location of cleaning supplies: _____ Extra paper towels: _____

If you receive mail in any other way other than a mail box located on your property and would like mail to be retrieved, please provide the location as well as access:

_____ Box # : _____ Keys for mail will be left along with main house keys.

Are there an special security measures? Y N

Gate Code: _____ Security System Entry Code: _____ Exit Code: _____

Phone number of alarm monitoring company: _____ Password: _____

Any other Security information:

Will you leave a TV or radio on? Y N

House plants? Y N Location(s): _____ Frequency: _____

Outdoor plants? Y N Location(s): _____ Frequency: _____

If you would like us to put your garbage can on the curb, what is the p/u day? M T W Th Fr St Sn

Other instructions: _____

Key Return

- In person (\$13.00 charge)
- Left on final visit: Where? _____ Client's Initials: _____
- Ready Key customer – key retained by The Pet Sitters. Please ask about our Ready key system.

If you would like to maintain credit card information on file (for Vet emergencies, etc.), please note:

VISA MC Other: _____

Credit Card Number: _____ Expiration Date: _____

How did you first hear about us? _____

Initial Service Dates: _____

Client's Signature

Date

Printed Name

Client Name: _____ Pet Name: _____

Dog Cat Other: _____ Description: _____ Color: _____ Weight: _____

M F Spayed Neutered Age: _____ Color of Collar: _____

Does your pet have contact information inscribed on tag/collar, etc? Y N Describe ID: _____

Indoor only Outdoor Only Both Explain: _____

To the best of your knowledge, has this pet ever bitten a person or an animal? Y N If yes, please fully explain:

How would you describe your pet when a new person enters the home (circle all that apply)? *aloof curious friendly excited nervous protective fearful playful aggressive shy unpredictable trusting* _____

Pet restrictions: _____

Favorite hiding places: _____

Favorite activities: _____ Treats: _____

Feeding Instructions: _____

Location of food: _____ Location of leash/crate: _____

Location of litter box (if applicable): _____ Where to discard contents? _____

Would you like sitter to remove waste material from the yard? Y N N/A _____

Physical conditions, allergies, or problems to be alert for: _____

Medications (name, amount, & frequency): _____

Tricks to medicate? _____

Other care instructions: _____

Primary Veterinary Clinic: _____ Phone Number(s): _____

Address of Clinic: _____

If circumstances permit, The Pet Sitters will give preference to your primary veterinary clinic. However, we reserve the right to utilize the services of any available veterinary clinic or emergency animal clinic/hospital in expediting care.

Veterinary Authorization

To Whom It May Concern:

I have contracted for services from The Pet Sitters LLC during my absence, and I authorize their representative to act on my behalf in requesting any necessary veterinary treatment and services. I accept full responsibility for charges incurred in the treatment of this pet **not to exceed \$ _____ .00.**

I certify that all of the above is true and correct to the best of my knowledge, and that I will notify The Pet Sitters LLC of any changes to the above prior to the commencement of any Service Period.

Client Signature

Date

Printed Name