

## Dog Walking/Cat Sitting Client Agreement

### Pet Parent Information - that's you!

Name \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager Number \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone2 \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone2 \_\_\_\_\_

Email \_\_\_\_\_

Vet's Name \_\_\_\_\_ Vet's Phone \_\_\_\_\_

Okay to take pet(s) to vet in the event of an emergency? Y / N \_\_\_\_\_

Okay for pet(s) to be admitted in case of an emergency? Y / N \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Vacation Emergency #'s \_\_\_\_\_

How did you hear about Pet Care Plus, Ltd? \_\_\_\_\_

Personal Referral name: \_\_\_\_\_

### House Information

Which door will we use to enter your home? \_\_\_\_\_

Any difficulties? \_\_\_\_\_

Do you have an alarm system? \_\_\_\_\_ Alarm pad location? \_\_\_\_\_

Code/Instructions \_\_\_\_\_

disarm \_\_\_\_\_ arm \_\_\_\_\_

Contractors/housekeepers/visitors? \_\_\_\_\_

Where are your cleaning supplies kept? \_\_\_\_\_

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### What else can we help you with?

Mail	Y / N	Where would you like it stacked?
Papers	Y / N	Where would you like them placed?
Water plants	Y / N	Locations?
Lights on/off	Y / N	Locations?

Is there anything else we should know so that we can best care for your home?

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### Tell us about your pet

#### Pet #1

Name	Breed	Date of birth/age
Sex M / F	Spayed/Neutered Y / N	
Markings	Color	
Are Vaccinations up to date? Y / N		
Health issues?		
Where does he/she stay during the day?		
Where does he/she sleep at night?		
What type of exercise is required? Walk?	Backyard Play?	Both?
	Inside Play?	None?
Where do you store the food?	Where does the pet eat?	
Where do you store leashes/supplies?	Where is litter box kept?	
Is your pet afraid of anything?		

### Feeding Routines

Time	Brand	Amount
Any medications? Y / N	When?	
Are treats OK? Y / N	Can we give our treats? Y / N	

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### Tell us about your pet

Pet #2

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of birth/age \_\_\_\_\_

Sex M / F

Spayed/Neutered Y / N

Markings \_\_\_\_\_

Color \_\_\_\_\_

Are Vaccinations up to date? Y / N

Health issues? \_\_\_\_\_

Where does he/she stay during the day? \_\_\_\_\_

Where does he/she sleep at night? \_\_\_\_\_

What type of exercise is required? Walk? \_\_\_\_\_

Backyard Play? \_\_\_\_\_

Both? \_\_\_\_\_

Inside Play? \_\_\_\_\_

None? \_\_\_\_\_

Where do you store the food? \_\_\_\_\_

Where does the pet eat? \_\_\_\_\_

Where do you store leashes/supplies? \_\_\_\_\_

Where is litter box kept? \_\_\_\_\_

Is your pet afraid of anything? \_\_\_\_\_

### Feeding Routines

Time \_\_\_\_\_

Brand \_\_\_\_\_

Amount \_\_\_\_\_

Any medications? Y / N

When? \_\_\_\_\_

Are treats OK? Y / N

Can we give our treats?  
Y / N

Please use this space to list anything else unique to your pet(s) that you think will help us provide the best care for them.

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## Dog Walking/Cat Sitting Client Agreement

### Daily Visits Schedule

Days of the week: Fill in slot with a "X"

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:00AM							
8:30AM							
9:00AM							
9:30AM							
10:00AM							
10:30AM							
11:00AM							
11:30AM							
12:00PM							
12:30PM							
1:00PM							
1:30PM							
2:00PM							
2:30PM							
3:00PM							
3:30PM							
4:00PM							

As always, thank you for choosing Pet Care Plus, Ltd. for all your pets needs!