



Date _____

Pet Sitting Agreement

Owner(s) Name: _____

Physical Address: _____

Email address: _____

Phone number(s): _____

Pet Information: (For additional pets, or to elaborate on an answer, please use back of form or additional paper)

Pet #1 -Name, Breed, Age: _____

Approximate weight: _____ lbs Coloring: _____

Pet #2 - Name, Breed, Age: _____

Approximate weight: _____ lbs Coloring: _____

Feeding Questions:

How often do you feed your pet and what quantity? _____

Where is your pet fed? _____

Where is his or her food located? _____

Does your pet have any food allergies? _____

Does your pet have any dietary concerns? _____

Does your pet take daily medication? Yes No

Dosing instructions for above medication if applicable: _____

If you pet will go potty in the yard, does the poo get **left** or **bagged and removed?**

Veterinarian Information:

Name of Veterinarian Facility: _____

Contact Number: _____

Please describe any illnesses or ongoing medical care your pet currently has: _____

Emergency Contact:

In the event of an emergency, our first call will be to any of the pet owners listed on this form. If we can not reach you, please list a contact below you would trust to make medical decisions for your pet:

Name / relationship: _____

Phone number: _____

If your pet becomes ill or if the state of your animal's health otherwise requires attention, Fur & Feathers Pet Sitting, at its sole discretion, is authorized to engage the services of a veterinarian or arrange for other requisite attention to your pet up to and including \$500.00 or _____, whichever is greater. If a veterinarian determines that emergency treatment, which exceeds the authorized amount, is needed to save the animal's life or quality of life, and we cannot reach you or the Emergency Contact, we may authorize the veterinarian to perform the emergency treatment. Owner agrees to be responsible for all veterinary costs provided to your pet.

Signature: _____

Additional questions:

Would you like me to get the mail or paper? Yes No

Do any trash cans need to be taken to the road? If so, what day does your trash run?

Do any plants need to be watered? _____

How am I to access the house? _____ (If it is a garage code, please write the code number)

Is there an exterior house key I can access in an emergency? _____

After visit, if I am using a key, would you like me to keep the key for future visits, or leave the key somewhere on your property? _____

Do I need to change which lights are left on or off? _____

Additional home care to perform: _____
