

PET SITTING SERVICE AGREEMENT FORM



Client Name: _____	Date: _____
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PET INFORMATION

Please fill one of these forms out for each pet in your household.

Pet Name: _____ Age: _____ Sex: _____ Spayed/Neutered? Yes / No

Species: _____ Breed: _____

Current Medications: _____

Health Issues or Concerns: _____

Does your pet have any known allergies? Yes / No _____

Current Diet: _____ Frequency: Morning / Afternoon / Evening / Night

Measurements of Food: _____ AM _____ PM

Location of Food: _____ Location of Treats: _____

Does your pet have any known food sensitivities? Yes / No If Yes, Please Explain: _____

Location of Leash If Applicable: _____ Location of Waste Bags: _____

Please Circle if your Pet Has Any of the Following: Food Aggression / Toy Aggression /
Cage Aggression / Not Good with Other Dogs / Not Good with Visitors / Coprophagia (eats
own feces) / Other: _____

Special Instructions (please list any additional information here that may be helpful during my
stay. I.E dog is able to jump fence, pet temperament, etc):



OWNER INFORMATION

Name: _____

Address: _____ City/State: _____ Zip: _____

Primary/Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Secondary Contact Name: _____ Phone: _____

(Secondary contacts have permission to make decisions regarding your pet's care in the event that you cannot be reached by primary or work phone numbers).

VETERINARY CONTACT INFORMATION

Preferred Veterinary Clinic Name: _____

Phone Number: _____ Hours (if known): _____

If your pet becomes ill, you authorize Unleashed Pawz to take him or her to the above veterinary clinic to diagnose his or her condition. If the clinic listed above is unable to see your pet at the time care is needed, or if it is after business hours, you authorize Unleashed Pawz to take your pet to another veterinary clinic in the area, or an emergency veterinary clinic if need be. The veterinarian is to call you for authorization to treat at your expense, and may collect your payment information over the phone. If you are unable to be contacted during an emergency if it should occur, you give your secondary contact permission to opt for treatment needed. If neither party can be reached at time of emergency, you authorize the veterinarian to treat at his or her discretion at your expense.

Pet Owner: _____

Signature: _____ Date: _____

You authorize that your pet (applies to dogs, cats, and ferrets only) is up-to-date on his or her Rabies Vaccination or will be before my services begin.

Signature: _____ Date: _____

OTHER INFORMATION

You authorize Unleashed Pawz to enter your home on our agreed dates/times strictly to provide pet care services for your pet/s at our agreed rates of _____ per check-in / walk / night / hour, and _____ per check-in / walk / night / hour.

Payment will be provided upon the completion of services or late fees may apply.

Signature: _____ Date: _____