



Paw Prints

CONCIERGE SERVICES

Client Information

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Best way to contact: *In Town:* _____ *Out of Town:* _____

Referred By: _____

Would you like contact in your absence?

Photos: Y / N Texts: Y / N Emails: Y / N

In Case of Emergency

Contact Name: _____ Relationship: _____

Address: _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor we may contact to check on your pet(s): _____

Name, address, and phone number of family member, friend, or agency/organization who would take custody of your pet(s) in the event of catastrophic or untoward circumstances preventing your return: _____

Pet Care Information

Veterinarian Clinic:

Name of Dr: _____ Phone: _____

Emergency Vet: _____ Phone: _____

In the event of an emergency, you will be contacted first. Your pet(s) cannot be treated without your consent and payment. It is recommended that you leave payment information on file with your vet in the event that you cannot be reached.

Emergency Treatment Authorization

In the event you wish your pet to be treated by one of the vet clinics listed above, you may sign below to authorize the Pet Sitter to transport your pet, and the attending Veterinarian to treat your pet, without your immediate consent. Every effort will be made to contact you as soon as possible. *By not signing, you understand that you will need to be reached at the time of incident in order for any medical attention to begin.*

I have left payment instructions with my vet and/or Pet Sitter, and am authorizing treatment of my pet(s) up to \$_____ without my immediate consent.

Signed: _____

Basic Pet Information

Pet Name(s)	Description (Color/Breed)	Sex (S/N)	Current On Shots	Collar Color	Treats Toys	Birthday

Do your pet(s) have any physical conditions that Pet Sitter should be aware of?

Do your pet(s) have health insurance?

Feeding Instructions

Pet Name(s)	A.M. Feed	Midday Feed	P.M. Feed	Medication*

*Medication Instructions:

Do your pet(s) have any physical conditions the Pet Sitter should be aware of?

Do your pet(s) have any behavioral issues the Pet Sitter should be aware of?

Where would you like indoor “accidents” to be disposed?

Do you require the outdoor yard to be cleaned? **Y / N** Disposal?

Do your pet(s) have any issues with people/other animals?

Will pet care be shared with anyone else in your absence? **Y / N**

Please Note: *If anyone else has access to your home while the pet-sitting job is being performed, the Pet Sitter and Pet Sitting Company cannot assume any liability for any damage or losses to your home or pet. Also, the utmost care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary nature (i.e. bitings, furniture damage, accidental death, etc), or any complications of administering medications to the animal. Nor can we be liable for injury, disappearance, death, or fines of pets.*

Home Care Information

Does anyone else have access to your home in your absence? (incl housekeeper, etc)

Name: _____ Phone: _____

Name: _____ Phone: _____

Other important Phone Numbers and Contacts:

(Housekeeper, Plumber, Electrician, Landlord)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Mail	Newspaper	Water Plants	Alternate Lights	Curtains	Litter Box

Is there anything important we should know about the home?

Do you require overnight stays? **Y / N** Midday visits: **Y / N**

Do you have an alarm? **Y / N** Will it be set? **Y / N**

Do you want the key left on the final visit? **Y / N**

****Pet Sitter must have a key even if garage door opener or code is used for access****

In the event that the Pet Sitter is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives the Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrence.