

Client & Pet Profile

Sitter: _____

Date: _____

Client Name: _____

Complete Address: _____

Phone #'s: (H) _____ (W) _____ (C) _____

E-Mail: _____

Service beginning date: _____ Service ending date: _____ Number of visits: _____

Expected departure date & time: _____ Expected return date & time: _____

Key received: Y/N

Does anyone else have a key? Y/N Names: _____

Left on final visit: Y/N Kept by sitter for future services: Y/N

NAME, TYPE & AGE OF PETS:

1) _____ M/F 2) _____ M/F 3) _____ M/F 4) _____ M/F

FEEDING INSTRUCTIONS:

#1

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding instructions: _____

Food treats/Restrictions: _____

#2

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding instructions: _____

Food treats/Restrictions: _____

#3

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding instructions: _____

Food treats/Restrictions: _____

#4

Type and location of food: _____

Quantity: _____ Feeding times: _____

Feeding instructions: _____

Food treats/Restrictions: _____

EXERCISE/OUTSIDE:

Walks? Y/N Locations? _____ Leash locations: _____

Type of fence: Electric: _____ Wood: _____ Chain Link: _____ None: _____ Other: _____

PET CLEAN-UP:

Litter box location & instructions: _____

Accident clean-up instructions: _____
(particular spot remover/cleaner?)

LIKES/DISLIKES:

Reaction to children: _____ Other animals: _____

Likes: _____
(petted in certain spot)

Dislikes: _____

What might cause your pet to bite? _____

HEALTH:

Does your pet(s) require any medications? Y/N

If yes:

Purpose? _____

Type of medicine? _____

Quantity? _____ X's/day _____

Does your pet(s) have any medical problems? Y/N

If yes:

Explain: _____

Any particular instructions? _____

Are your pet(s) currently on vaccinations? Y/N Rabies tags visible and on pet? Y/N

If no, on file at vet Y/N Rabies tag & year # _____

Veterinarian Name: _____ Phone #: _____

Address: _____

If unable to reach your vet in the event of an emergency, may we use another? Y/N

HOME CARE:

Would you like any of the following services provided at no additional charge?

Indoor plants watered: Y/N Where? _____

Mail/Paper brought in: Y/N

Garbage/recycling take to curb? Y/N When? _____

Lights rotated: Y/N Where? _____

TV/Radio left on for pet(s): Y/N Where? _____

Security check instructions: _____

Will anyone else be coming home during service contract period? Y/N

Names: _____

What cars will there be?

EMERGENCY CONTACTS:

Where can they be reached? _____

1. Name: _____ Phone #: _____
 2. Name: _____ Phone #: _____
 3. Local person: _____

EMERGENCY INSTRUCTIONS:

Location of fuse box: _____

Location fo water shut off: _____

SERVICE #'s:

Police: _____ Fire: _____ Ambulance: _____

Lease Manager: _____ A/C Repair: _____

Electrician: _____ Plumber: _____

Other: _____

Services Requested:

Standard visit	___ # of visits ___	\$ _____	\$ _____
Out of area	___ # of visits ___	\$ _____	\$ _____
Additional time	___ # of visits ___	\$ _____	\$ _____
Mid-day walks	___ # of visits ___	\$ _____	\$ _____

Pet taxi:	Y/N	\$ _____	\$ _____
House check/No pets:	Y/N # of visits ___	\$ _____	\$ _____
Nail trimming:	Y/N	\$ _____	\$ _____
Key pick up charge:	Y/N	\$ _____	\$ _____

(If not received on introductory meeting)

Get acquainted meeting:	\$	N/C	\$	N/C
Bring in mail/paper:	\$	N/C	\$	N/C
Watering indoor plants:	\$	N/C	\$	N/C
Adjust lighting/blinds:	\$	N/C	\$	N/C
Garbage/recycling taken to curb:	\$	N/C	\$	N/C
Other: _____	\$ _____		\$ _____	

Discounts not included in this total will show on final bill. Total \$ _____

The parties hereto agree as follows: This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits.

 Date The Pets Pal (Client)