

PET SITTER



Jen's Paws2Claws

“BIG or small, I LUV them all!”

Jen: 512.261.0493 / 512.422.0259

Pat: 512.663.4381

PET SITTING SERVICE CONTRACT

Fee Schedule: \$30.00 per visit/day in the Lakeway & Bee Cave Areas

Emergency Visits: \$50.00

OWNER INFORMATION

Name (Please list all parents) _____

Address _____ City _____ Zip _____

Cell Phone () _____ Work () _____ Home () _____

E-Mail Address _____

Emergency Contact Name & Number _____

How did you hear about us? _____



Jen's Paws2Claws

PET INFORMATION

	Pet Name	Age	Gender	Species	Color
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

Any history of biting? Yes No Pet (1 2 3 4 5)

Spayed/neutered? Yes No Pet (1 2 3 4 5)

Micro-chipped? Yes No Pet (1 2 3 4 5)

Chip #: 1) _____ 2) _____ 3) _____
4) _____ 5) _____

Registry company: _____

Health concerns: _____

Favorite games/toys: _____

Hiding places: _____

Indoor/outdoor instructions: _____

Understands commands? (i.e. "sit, stay, come?") Yes No

If yes, please list: _____



Any behavioral issues? _____

Feeding Instructions:

Medication Instructions:



DOG WALKING PROFILE

When you walk your dog, if he/she sees another dog, does he/she:

Ignore? Yes No

Show some interest? Yes No

Wag tail in a playful manner? Yes No

Growl or become aggressive? Yes No

Pull hard on leash in an attempt to get to the other dog? Yes No

When you walk your dog, if he/she sees a cat or other small animal, does he/she:

Ignore? Yes No

Show some interest? Yes No

Wag tail in a playful manner? Yes No

Growl or become aggressive? Yes No

Pull hard on the leash in an attempt to get to the other dog? Yes No



VETERINARIAN - NAME, ADDRESS & PHONE

In the event of an emergency and the Veterinarian listed above isn't available, I/we authorize Jennifer McGee ~dba~ Jen's Paws2Claws to act as an agent for my dog/cat or other animal seeking medical attention. I further agree that I will not hold Jennifer McGee ~dba~ Jen's Paws2Claws responsible for any or all cost associated with any veterinary care deemed necessary by a licensed veterinarian. I/we will either pay veterinarian directly OR reimburse total cost associated with the visit to Jennifer McGee ~dba~ Jen's Paws2Claws.

Signature _____

Date _____



EMERGENCY PET GUARDIANSHIP DOCUMENTATION

Client's name: _____

Name of pet/s: _____

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) Jen's Paws2Claws should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that Jen's Paws2Claws has been given their contact information.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____

Pet owner's signature

Date



TRAVEL INFORMATION

Date leaving: _____ Time leaving: _____

Date returning: _____ Time returning: _____

Flight information:

Contact information while traveling:

E-mail address while away:

Will anyone else be in your home during your absence? Yes No

If yes, list person's name and number: _____

HOME CARE

Alarm? Yes No If yes, code: _____ Location of panel(s): _____

Alarm company name & number: _____

Lights rotated? Yes No Which ones? _____

Drapes/blinds? _____ TV/stereo? _____

Bring in mail/newspaper? Yes No Where would you like it left? _____

Trash to curb? Yes No Location of can and Day/time: _____



YARD CARE

Indoor plants to be watered? Yes No How often: _____

Sprinkler system? Yes No Frequency/duration: _____

Location of any potted plants to be hand watered: _____

Frequency: _____

*Yard poop scooped? Yes No Where to dispose: _____

*Additional \$5.00 per day charge

LOCATION OF IMPORTANT ITEMS

Leash/cat carrier/crate: _____

Pet food: _____ Cleaning supplies: _____

Vacuum cleaner: _____ Thermostat: _____

Litter box location: _____

Dispose of waste? Yes No Where? _____



KEYS:

I would prefer to keep client keys to simplify future visits or in the event of an unforeseen visit.

_____ I release my house keys to Jen's Paws2Claws to be retained on file, in a secured location, for future services. I may revoke this release at any time, at which time my keys will be returned.

_____ I would like Jen's Paws2Claws to return my keys after the current service is completed. The keys will be delivered upon full payment of services rendered and/or within 48 hours of completion of assignment.