

# 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: \$25.00 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? \_\_\_\_\_



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PET INFORMATION

Pet Name	Age	Gender	Species	Color
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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:

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Medication Instructions:

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## 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



**Jen's Paws2Claws**

VETERINARIAN - NAME, ADDRESS & PHONE

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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



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### 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: \_\_\_\_\_





Jen's Paws2Claws

### 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.