



# Family Pet Sitting Services, Inc



## CLIENT INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number where you can be reached \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**In Case of Inclement weather or Hurricane, whom can we contact to check on (and / or ) take custody of your pets?**

\_\_\_\_\_

Directions to Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## HOME CARE INFORMATION

Anyone have access to home  Yes  No -- If Yes, Whom \_\_\_\_\_

Alarm System  Yes  No – If yes, name of Alarm Company: \_\_\_\_\_

Phone Number of Alarm Company: \_\_\_\_\_ Alarm Code: \_\_\_\_\_

Do You Request the following:

Bring In Newspaper  Yes  No      Bring In Mail  Yes  No

Alternate Blinds  Yes  No      TV / Radio  Yes  No

Alternate Lights  Yes  No      Garbage  Yes  No

**Locksmith Clause: In the event that 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 Family Pet Sitting the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.**

*Please Do Not Write Below – To Be Completed By Company*

Date of Interview \_\_\_\_\_

Key Return

Key Received and tested  Yes  No

Ready Key Form  Returned by Mail

Left on Final Visit  Owner Will Pick Up



# Family Pet Sitting Services, Inc.



## Pet Information Please Be Specific For Each Pet

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Micro-Chipped  YES  NO Female Spayed  YES  NO Male Neutered  YES  NO

Medical issues / Allergies (be specific) \_\_\_\_\_

Current on Shots  Yes  No Collar Color \_\_\_\_\_ Favorite Toy \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Special Treats \_\_\_\_\_ Personality (Fears / Phobias) \_\_\_\_\_

### Feeding Instructions

Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____



Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Micro-Chipped  YES  NO Female Spayed  YES  NO Male Neutered  YES  NO

Medical issues / Allergies (be specific) \_\_\_\_\_

Current on Shots  Yes  No Collar Color \_\_\_\_\_ Favorite Toy \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Special Treats \_\_\_\_\_ Personality (Fears / Phobias) \_\_\_\_\_

### Feeding Instructions

Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____



# Family Pet Sitting Services, Inc



## ADDITIONAL CLIENT INFORMATION

Veterinarian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Veterinarian's Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

Will your pet allow us to groom (him/her)?  Yes  No ~ Preferences: \_\_\_\_\_

Has your pet had obedience training?  Yes  No ~ Does your pet recognize basic commands?  Yes  No

Has your pet ever bitten anyone or another animal?  Yes  No ~ Does your pet react well to other animals?  Yes  No

Does your pet react well towards children / strangers?  Yes  No

Will anyone else be taking care of your pet?  Yes  No

If yes, please provide name / address / phone number: \_\_\_\_\_

How does your pet react when you're away from home? \_\_\_\_\_

Please explain any of the above \_\_\_\_\_



Pet Food Location: \_\_\_\_\_

Treat(s) Location: \_\_\_\_\_

Leash Location: \_\_\_\_\_

Cleaning Supplies: \_\_\_\_\_

Indoor / Outdoor "Accident" cleanup: \_\_\_\_\_

Disposal of litter box contents: \_\_\_\_\_

Additional instructions or comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** If anyone else has access to your home while Family Pet Sitting is under contract with you, Family Pet Sitting, Inc. can assume no liability for any damages or losses to your home or pet. Additionally, the utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, Family Pet Sitting cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., biting, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Family Pet Sitting cannot be liable for injury, disappearance, death or fines of pet(s) where those pets have access to the outdoors.