

**PET SITTING SERVICES CLIENT AGREEMENT AND INFORMATION**

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

Location of Extra Key: \_\_\_\_\_

Alarm deactivation Code: \_\_\_\_\_

Alarm activation Code: \_\_\_\_\_

Alarm company Name: \_\_\_\_\_

Alarm company Phone: \_\_\_\_\_

I agree that I have requested that **Kokanee House and Pet-sitting Service** take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$

**I understand that 50% of payment is due at or prior to the time of the first visit and the remainder is due immediately upon return.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_

**PET SITTING ASSIGNMENT INFORMATION**

Date of first visit: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Number of visits per day: \_\_\_\_\_

Total number of visits:

Overnight: \_\_\_\_\_

Daily visits: \_\_\_\_\_

Additional duties (please circle those you would like to request):

Bring in mail/papers

Water plants

Put out trash cans/recycling

Other

Where can we reach you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

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Additional Notes:

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**VETERINARY INSTRUCTIONS AND RELEASE FORM**

**Pet's Name:**  
**Description:**  
**Age:**  
**Medical conditions/medication:**

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**Description:**  
**Age:**  
**Medical conditions/medication:**

*If any of the pets named above becomes ill or is injured, I request that **Kokanee House and Pet-sitting Service** take the pets to:*

**Veterinary Office Name:**  
**Address:**  
**Phone Number:**

**Alternate Veterinary Office Name:**  
**Address:**  
**Phone Number:**

I give permission to Kokanee House and Pet-sitting Service to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Kokanee House and Pet-sitting Service to take my pet/s to another veterinary office for treatment. I understand that Kokanee House and Pet-sitting Service cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever Kokanee House and Pet-sitting Service cares for my pets:

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_

#### DOG INFORMATION SHEET

Client Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Age: \_

Breed: \_

Color/Markings: \_

Sex: M or F \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_

Rabies tag #: \_

Date rabies shot expires: \_

**Feeding:**

What kind of food/s does your dog eat?

When does your dog eat?

Special feeding instructions:

**Medication:**

Is your dog on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept.

**Other**

Does your dog have a favorite game?

Does your dog have favorite hiding places?

Where do you keep your collar and leash?

Does your dog need a special harness or choke collar for walks?

**Traits:**

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:

Is friendly with other dogs YES / NO

Likes new adults YES / NO

Likes children YES / NO

Must stay on leash during walks YES / NO

Is allowed in the house YES / NO

Is allowed to have treats YES / NO

Is prone to digging YES / NO

Is prone to chewing YES / NO

Is fearful of noises or other things YES / NO

Obeys basic commands YES / NO

Has bitten people or other dogs YES / NO

Has shown other aggression YES / NO

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care:

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### CAT INFORMATION SHEET

Client Name: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Sex: M or F \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_

Rabies tag #: \_\_\_\_\_

Date rabies shot expires: \_\_\_\_\_

#### **Feeding:**

What kind of food/s does your cat eat?

When does your cat eat?

Special feeding instructions:

**Medication:**

Is your cat on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.

**Other**

Is your cat allowed outdoors?

Does your cat have favorite toys?

Does your cat have favorite hiding places?

Is there something that will bring your cat out of hiding (the sound of the can opener or treat jar, for example)?

**Traits:**

Please answer the following brief questionnaire about your cat. It will help us to better care for him/her:

Declawed? YES / NO

Tries to escape? YES / NO

Will not eat when stressed? YES / NO

Prone to hairballs? YES / NO

Skittish with strangers? YES / NO

Uses the litter box reliably? YES / NO

Fearful of loud noises? YES / NO

Likes to be petted? YES / NO

Likes to be held? YES / NO

Has the cat bitten anyone? YES / NO

Other signs of aggression? YES / NO

Please indicate anything else about your cat's habits or behavior that would be useful to us in providing care:

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