



PET SITTING SERVICE CONTRACT

OWNER INFORMATION

Name (Please list all Parents) _____

Address _____ City _____ Zip _____

Cell Phone _____ Work _____ Cell _____

E-Mail Address _____

Emergency Contact Name _____ Number _____

How did you hear about us: _____

PET INFORMATION

Pet Name	Age	Gender	Species	Color
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any history of biting or scratching? _____

Feeding Instructions:

Medication Instructions:

I authorize PURRfect Pet Sitting Chattanooga to act as my agent in the event of my pet needing medical attention. I further agree that I will be responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

Signature _____

Date _____



PET CARE INFORMATION

Location of bowls _____ Extra Food _____ Treats _____

Location of leashes _____ Poop bags _____ Toys _____

Location of litter box _____ How do you dispose of waste? _____

Cleaning supplies for "accidents" _____ Secured in home/yard? _____

Instructions for hot weather _____ Rain _____

IMPORTANT PHONE NUMBERS

Vacation number _____ Relative _____ Neighbor _____

Will pet care responsibilities be shared with anyone else not affiliated with our company during your absence? YES NO

If YES, their

Name _____ Address _____ Phone _____

Details of job sharing arrangement _____

ALARMS

Gate Code _____ House Code _____

Alarm Company _____ Code Name _____ Phone _____

HOME CARE

Do you want lights rotated? _____ Draperies _____ TV/Stereo _____

Windows open or closed? _____ Bring in newspaper? _____

Bring in mail? _____ Location of mail box _____ mail box # _____

Location of trash can _____ Trash pick up time _____

House plants you want watered _____ How often _____



YARD CARE

Pooper scooper location _____ Where to dispose of waste _____

Location of sprinklers _____ Frequency/Duration _____

Location of pots to hand water _____ Frequency _____

KEYS

House key tested _____ Gate key tested _____ Mail box key tested _____

Does anyone else have keys to your house? YES NO If yes, who _____

How will you like your keys returned?

Kept permanently on file with our service _____ Owner will pick up _____

SITTER CANNOT LOCK KEYS INSIDE OF HOUSE IN CASE OWNER DOES NOT RETURN AT DESIGNATED TIME

Any additional instructions

PAYMENT OPTIONS

Cash _____ Check _____

CREDIT CARD AUTHORIZATION

Type of Card _____ Visa _____ M/C _____ AMEX

Name as it appears on the card _____

Card Number _____ Exp. Date _____

Signature _____

Security Code: _____