



INTAKE FORM

Hi. Please take a few moments to complete this form. The information will be kept on file as a valuable reference tool for your pet care provider. Please be complete and thorough as possible. Thank you!

INFORMATION ABOUT YOU

Client name _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Contact Phone _____

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Veterinarian Name _____ Clinic Name _____

Veterinarian Phone _____ Clinic Location _____

INFORMATION ABOUT YOUR PET

Note: If you have more than one pet, we will provide an additional sheet.

Name _____ Breed _____ Age _____

Meals/day _____ Location of Food/treats _____

Feeding Times _____ Quantity _____

Medication:

Name of Medication _____ Dosage/Times Per Day _____

Special Instructions _____

Daily Routine:

Example: wake up, activities, bedtime _____

Special requirements/instructions when going outside _____

Location of leash/collar _____

Behavior:

Escape artist: Yes [] No [] Special Instructions _____

Fears: Yes [] No [] Special Instructions _____

Aggressive History/Biting: Yes [] No [] Special Instructions _____

Commands (please check all that apply): Heel [] Sit [] Stay [] Down [] Come [] Wait [] Go Out(side) [] Go In(side) []

Kennel/Crate [] Leave It [] Fetch [] Additional Commands _____



INFORMATION ABOUT YOUR HOME

Clean up:

Litter box location _____ Waste disposal container location _____

Cleaning supplies location _____ Special clean-up instructions _____

Security:

Security System: Yes [] No [] Security Code and/or Garage Door Code _____

Locks:

Front Door Key [] Garage Door Key [] Garage Door Opener [] Extra Key Location _____

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Overnight Pet Sitting & Home Care

Please complete the following if you require overnight pet sitting and/or home care.

Date/Time of Departure _____ Date/Time of Arrival _____

Check Mail: Yes [] No [] Mailbox Key: Yes [] No [] Mailbox Number _____

Water plants: Yes [] No [] Special Instructions _____

Take out garbage: Yes [] No [] Day of Pickup/Location _____

Light Timers: Yes [] No [] Location _____ Circuit Breaker Location _____

Gas Company _____ Electric Company _____

Sleeping arrangements / Special Instructions _____

TERMS AND RATES:

Pet/Home Sitting Services :

Pooch 'n' Purrs Professional Pet Sitting takes great pride in the quality and attentiveness of our care. We promise to perform services for the pet/home owner to the best of our ability, with kindness and careful attention to the needs of your pets and home. No undue force or harsh handling of pets will be utilized, other than human restraint necessary to protect both the pets and the sitter from potential harm. Pooch 'n' Purrs Professional Pet Sitting promises to give your pet affection and attention, and to follow the care, feeding, and medication instructions outlined herein.

Rates:

_____ Visit(s) Per Day x \$_____ Per Visit x _____ Number of Days x \$_____ Holiday Rate Per Visit

Or \$_____ Per Overnight x _____ Number of Nights | Total Due \$ _____

Terms:

Payment is required before the service term begins. Owners are required to provide sufficient supplies for the duration of the service period. If additional supplies are needed, Pooch 'n' Purrs Professional Pet Sitting will purchase them and pet owners agree to reimburse costs plus a 15% convenience fee. Pet/home owner agrees to notify Pooch 'n' Purrs Professional Pet Sitting and authorize additional visits if he/she is late in returning. Pet owner also agrees to notify, by telephone, when he/she returns. Once confirmed, we lock your reservation into our schedule. Therefore all fees are non-refundable if service is cancelled less than 24 hours prior to the time your scheduled service is to begin. Thank you for your trust in Pooch 'n' Purrs Professional Pet Sitting!

Pet/home Owner & Date

for Pooch 'n' Purrs Professional Pet Sitting & Date

