

**FOR PETS SAKE
DOG WALKING/RECURRING VISIT REQUEST**

Client name: _____

Phone number: _____

Pets

Name(s): _____

Service begins: ____/____/____

Service ends: ____/____/____

____ **Daily**

____ **Every other day: days:** _____

____ **Weekdays**

____ **Other:** _____

Price per walk _____

A detailed invoice will be given to client at the end of each month. Any vacation/pet sitting visits will be invoiced and paid separately.

- Payment is due within 3 days of invoice. A \$5 per day late fee will be assessed from the 4th day until payment is received.
- Pet sitter reserves the right after 7 days of non-payment to discontinue walking service until payment is made in full, including late fees.
- For Holiday bookings, refer to pet sitting contract.
- Any changes to the dates specified in this contract will need to be submitted in writing (text ok) and approved by sitter.

This request is confirmed by my pet sitter and _____

By submitting this request, I agree to all terms as stated on the For Pets Sake Sitting Contract.

Owner Signature: _____

Sitter Signature: _____

Pet Owner Information

Name: _____

Address: _____

Home phone: _____ Mobile: _____

Veterinarian Name: _____

Veterinarian Phone Number: _____

Veterinarian Address: _____

Contact Number while away: _____

Emergency contact person: _____

Emergency contact number: _____

Does this person have a key/access to home? _____

Other services required (please check):

Mail () Water plants () Alternate lights ()

Trash () if so, days and location: _____

Report to owner () Frequency _____ Method _____

Owner's Signature _____ Date: _____

Pet Information

(A separate sheet must be completed for each pet)

Pet Name: _____ Species: _____

Breed: _____ Age: _____ Color: _____

Male / Female: _____ Spayed/Neutered Y / N

Is the pet microchipped Y / N

List of vaccinations and expiration date:

Rabies: Exp. Date: _____ Dhlpp: Exp. Date: _____

Bordatella: Exp. Date: _____ Infuenza: Exp. Date: _____

Any allergies or phobias? _____

Medications:

Name	Dosage	How to administer

Feeding Schedule:

Name and type of food: _____

AM Feed Y / N Portion: _____

PM Feed Y / N Portion: _____

Treats allowed Y / N Frequency: _____

Exercise Schedule:

Activity: _____ Frequency: _____

Activity: _____ Frequency: _____

Location of collars and leashes: _____

General Information:

Has pet ever bitten a person: Y / N

Has the pet ever started a fight or bitten another animal: Y / N

Is the pet friendly with children and adults: Y / N

Pets likes: _____ Dislikes: _____

Favorite toys: _____ Location: _____

Restricted areas: _____

Additional Information: _____

I, the owner of the above pet warrant that the information contained herein is true and correct to the best of my knowledge.

Owner's Signature

Date

Veterinary Release Form

Owner's Name: _____

Owner's Address: _____

Home Phone: _____ **Mobile:** _____

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____

Clients must have a credit card on file with their pets' personal vet. In addition, client must have a person on file with sitter that can make decisions and pay bill in the event the client's pet(s) must be taken to an emergency vet. Pet sitter will make every effort to reach client and/or emergency contact (designate) in the case of an emergency. If neither is reachable, sitter will make reasonable decision on care of pet. Sitter will not be liable in any way for decisions made when unable to contact pet owner or designate. All costs incurred will be the responsibility of the pet owner. Costs will be added to the trip invoice and must be paid within 3 days of invoice date. A \$5/day late fee will be charged beginning on the 4th day.

Pet Sitters Name: _____

Owner's Name: _____ **Date:** _____

Owner's Signature: _____
