

CUSTOMER CHECK LIST

Customer's Name: _____

Address: _____

Phone Number: (H): _____ (W): _____ (C): _____

Pet's Name, Age, and Type: _____

Emergency Contact Person and Phone Number:

Veterinarian's Name and Phone Number:

Do I have permission to take your pet to the Veterinarian as needed? _____

Does anyone else have a key or access to your home?

If yes, who? (Include phone number)

Special Instructions for Home Care (mail, plants, etc):

Special Instructions for Pet Care (diet, medicine, walking, daily routine, etc):

Does your pet have any behavior or aggression problems? Do they get along with other animals or people? _____

Days of Visit: _____

Times of Visit: _____

Pet Sitting Fee: _____ Per Visit or _____ Per Day.

Pet Owner's Signature

Date: _____

Pet Sitter's Signature

Date: _____