



Luvinyourhomepetsitting@gmail.com
845-323-2657

Pet Sitting Service Contract (Please Print Clearly)

Date & Hour Departing: _____ AM/PM
(date) (time)

Date & Hour Returning: _____ AM/PM
(date) (time)

Client Name: _____

Email: _____

Address: _____

P.O.Box: _____

City: _____

ZipCode: _____

Cell Phone: _____

Bus. Phone: _____

Phone: _____

Where can you be reached while away? _____

We MUST have a telephone number or way to reach you while you are away.

Do you own or rent? ___ Own ___ Rent If renting, landlord's name & phone number
(in event of emergencies) _____

Emergency Contact (other than self and one in town) Relationship:___ Phone:_____ Key? Yes___ No___

Name, address and contact number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return:

Others who have access to home (include phone numbers): _____

Would you like Luv-In Your Home Pet Sitting to: _____

Bring in Mail: ___ Newspaper:___ Alternate Lights:___ Adjust Thermostat:___

Turn on/off radio:___ Turn on/off TV:___ Water Plants Indoor/Outdoor:___

Is a security system in place? Y N (if yes, please advise Security Company you are using our service!)

Alarm Company Name: _____ Phone: _____



Luvinyourhomepetsitting@gmail.com
845-323-2657

Access Code: _____ Password: _____

Alarm Instructions:

****Locksmith Clause:** In the event pet sitter is required to employ a locksmith to enter Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Pet Sitter the authority to employ a locksmith on Client's behalf in the event of the occurrences.

PET CARE INFORMATION

Pet(s) Name	Breed	DOB	Sex (S/N)	Personality	History of	Favorite Toys/
				(Fears/Phobias)	(Illness/Biting)	Special Treats
1.						
2.						
3.						
4.						

Pet(s) Name	A.M. Diet	Mid Day Diet	P.M. Diet	Medications	Restrictions
1.					
2.					
3.					
4.					

Veterinarian _____ Vet Phone _____

How do your pets react to your absence from home? _____

Are you aware of any reason why we should approach any of your pet with caution? _____



Loveinyourhomepetsitting@gmail.com
845-323-2657

Commands Recognized: _____
How does your pet react to other animals? __Excited __Friendly __ Aloof __ Cautious __ Scared
__Defensive __Aggressive

While walking your pet in your neighborhood, is there anything I should be aware of (e.g. unconfined dangerous dogs)? _____

Does your pet snap at people? _____

Has your pet ever bitten anyone, animal or human? _____

Does your pet have any contagious illness? _____

Physical Conditions/Problems to be alert for _____

Location of food or treats _____

Where to dispose of waste _____

Location of pet carrier

Is your pet prone to accidents indoors? __Y __N. If yes, is there a particular place this accident may occur?

Does your pet get car/motion sick? __Y __N

Where are cleaning supplies in case of accidents?
