

PET SITTING - CLIENT FORM

CUSTOMER DETAILS

Owners Name: _____

Address: _____

Email: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Email: _____

Phone Number: _____

PET DETAILS

Pets Name: _____

Pets Age: _____

Breed: _____

Neutered: YES / NO

Any medical Conditions:

Is your pet allowed off lead?:
YES / NO

Is your pet insured?: YES / NO

Please give full details:

VET DETAILS

Vet Name:

Vet Address:

Vet phone Number:

EMERGENCY VET (If Different):

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FURTHER DETAILS

How much exercise is your pet used to?

How many meals per day does your pet have? (Please state type of food eaten, times & quantity)

Can your pet have treats?

Does your pet have any known fears or phobias?

Does your pet have any chewing or scratching issues with furniture?

Where does your pet normally sleep?

Anything else you think I should know?

SIGNED

I confirm all the details on this form are true to the best of my knowledge and all vaccinations are up to date. I agree that I am responsible for all vet bills. I agree to make payment in full one week prior to the stay.

SIGNED:

DATED: