

# PET SITTING SERVICE CONTRACT

## Client Information

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date & hour leaving town \_\_\_\_\_ E-mail \_\_\_\_\_

Date & hour returning \_\_\_\_\_ Garage door opener \_\_\_\_\_

Means of travel \_\_Car\_\_Plane Flight \_\_\_\_\_ Key received \_\_\_\_\_

\_\_\_\_\_

In case if emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets? \_\_\_\_\_

\_\_\_\_\_

Name, address and phone 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 \_\_\_\_\_

## HOME CARE INFORMATION

Others who have access to home (inc. Phone numbers) \_\_\_\_\_

Location of fuse box \_\_\_\_\_ Thermostat \_\_\_\_\_

Is a security in place \_\_Yes\_\_No Alarm Company's Name/Phone \_\_\_\_\_

Access Code \_\_\_\_\_

Days or Dates \_\_\_\_\_

Mail \_\_Lights\_\_Curtains-Blinds \_\_Plants\_\_TV/Radio \_\_Recycling/Garbage

Additional Instructions/Comments \_\_\_\_\_

**\*Please make checks payable to Carol Ann Richart\***