



Nancy Carlson (919) 577-8038

crittersitterpetcare@yahoo.com

Name: _____ Home#: _____

Email: _____ Cell#: _____

Address: _____

Employer: _____ Work#: _____

Departure Date: _____ Return Date: _____

Best# while away: _____ Text me: Yes / No

In case of an emergency, please leave the name and phone number of someone we may contact and also your veterinarian's information

Emergency Contact: _____ Phone#: _____

Veterinarian: _____ Phone#: _____

If we are unable to reach your veterinarian, may we use our own vet or emergency hospital? Yes / No

Pets Name:				
Date of Birth:				
Breed:				
Color/Markings:				
Male/Female:				
Neutered/Spayed:				
Indoor/Outdoor Pet				
Disposition:				
Diet/Food:				
Amount:				
Frequency:				
Medications:				
Dosage:				

Is there any history of illness? _____

Where are pet supplies kept? (Food, leashes, litter, etc...) _____

The Following Services are available to you as a courtesy at no charge:

Newspaper:	Yes / No
Mail:	Yes / No
Trash in/out:	Yes / No
Recycling in/out:	Yes / No
Lights:	On / Off
TV:	On / Off
Radio:	On / Off
Blinds or Drapes:	Open / Closed
House Plants Watered:	Yes / No

Key Information: How would you like Critter Sitter Pet Care to handle your key?

Keep key on file:	Yes / No
Return key at another time:	Yes / No
Leave key in designated area:	Yes / No
Home security system:	Yes / No
Critter Sitter using system:	Yes / No

Provide details: _____

I expect 'Critter Sitter Pet Care Service' to provide these services in a reliable and trustworthy manner. I give my permission to do whatever may be necessary for the well being of my pet. I will be fully responsible for any additional charges due to trips made, or visits to a veterinarian for medical treatment.

Date: _____ Fee Per Visit: _____

Client: _____ Total Visits: _____

Pet Sitter: _____ Total Due: _____