

Jennifer's Full Care Pet Service Check List

Customers Name: _____

Address: _____

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

Pet's Name: _____ Age: _____ Type: _____

Emergency Contact Name: _____

Phone Number: _____

Veterinarian's Name: _____ Phone Number: _____

Do I have permission to take your animals to the Veterinarian as
Needed? (Yes) (No)

Does anyone else have a key to your home? (Yes) (No)

If Yes, Name: _____ Number: _____

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

Special Instructions for Pet Care (diet, medication, daily routines, etc):

Does your pet have any behavior or aggressive problems?

(Yes) (No)

Do they get along with other pets? (Yes) (No)

Days of Visit: (M) (TU) (W) (TH) (F) (SAT) (SUN)

Times of visit: _____

Pet Sitting Fee: _____

Per Visit or Per Day: _____

Pet Owner's Signature: _____ Date: _____

Pet Sitter's Signature: _____ Date: _____