

Wags to Whiskers Pet Sitter Service Agreement

Name: _____ Directions to Home: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Office Phone: _____ Ext. _____

Cell Phone: _____ Email Address: _____

Name(s) and descriptions of pet(s): _____ Special needs: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Do you have an alarm system? Yes _____ No _____ Instructions for using

You can be reached at: _____ Phone _____

Local Emergency Contact: Name _____ Phone _____

Name _____ Phone _____

Your vet: Name _____ Phone _____

Signature authorizing emergency care: _____

Other services included in our fees ___Mail ___Paper ___Trash ___Water plants

TV On _____ Radio _____ Alter lights In _____ and Out _____ Other _____

Special instructions: _____

Location of food: _____

Location/Instructions of medications _____

How did you hear about Wags to Whiskers? _____

What to do with key? _____

Rate per visit \$ _____

Year _____

