

Tara Dawn's Pet Sitting

CUSTOMER CHECK LIST

Customer's Name: _____

Address: _____

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

Email: _____

Pet's Name, Age and Type: _____

Emergency Contact Person and Phone Number:

Veterinarian's Name and Phone Number:

Do I have permission to take your animals to the Veterinarian as Needed? _____

Does anyone else have a key to your home? If yes, who? (include phone 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 aggression problems? Do they get along with other pets?

Days of Visit: _____

Times of Visit: _____

Pet Sitting Fee: _____ Per Visit or Per Day _____

Pet Owner's Signature

Date

Pet Sitter's Signature

Date