

Cat Sitting Contract & Profile

****Please PRINT clearly in blue or black ink****

*****Fill in all applicable fields to the best of your knowledge*****

Pet's Name(s) _____

Your Name _____

Home Phone _____

Partner _____

Work Phone _____

Address _____

Cell Phone _____

Partner Work Phone _____

Email _____

Partner Cell Phone _____

Emergency Contacts

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency.

Name _____ Relation _____ Phone _____ Key Y/N

Name _____ Relation _____ Phone _____ Key Y/N

Should I be expecting anyone at your home or in your home during your absence? Y / N

If yes, who? _____

Veterinary Information

Name of hospital _____

Preferred Doctor _____

Address _____

Phone _____

Home Security

If you want your keys returned after service is terminated, please indicate your preferred method:

- 1) deliver in person (\$10) 2) registered mail (\$6) 3) turn in at building office (Free)

Locking Information: deadbolt / door handle / both

Cat Profile

Breed _____

Spayed / Neutered: Y / N

Age/DOB _____

Microchipped: Y / N

Male / Female

Color(s) _____

Food allergies/restricted foods _____

Major medical conditions (past or present) _____

Medications (name, dosage, frequency) _____

Terms and Conditions

1) The term of this contract shall be for periodic pet sitting.

2) Fees:

- The fee for a Potty Break (10-15 minute visit) is \$15.
- The fee for a half hour visit is \$20.
- The fee for a one hour visit is \$30

