



Your Name _____ Phone Home _____
Partner/Spouse Name _____ Phone Work (partner/spouse) _____
Phone Cell (self) _____ Phone Cell (partner/spouse) _____
Phone Work (self) _____ Email _____

Address _____

Pet Sitting Period (please include the dates you are away and the approximate time of departure/return)

Please provide us with your contact details during this period (Hotel name, address and telephone number etc)

Emergency Contact(s). 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 (It doesn't have to be someone that lives nearby)

Name: _____ Relation: _____ Phone _____ Key: Y / N
Name: _____ Relation: _____ Phone _____ Key: Y / N
Name: _____ Relation: _____ Phone _____ Key: Y / N

Veterinary Details

Name of Vet _____ Address _____
Telephone Number _____

Should we be expecting anyone in your home during your absence? Y / N If yes, Who? _____

How would you like us to return your key after our service ends?:

- 1) Delivery in person 2) Mail 3) Leave hidden OUTSIDE of house (don't write where on here) 4) Other

Circle Door Of Entry: Front Door Side Door Back Door Garage Door

To Be Locked: Deadbolt Door Handle Both

Circle only if you have an attached garage: door from garage to house keep: Locked Unlocked

Mailbox Location _____

Bring in mail? Y / N

Bring in packages? Y / N

Bring in newspapers? Y / N

Do you have any other pets you would like us to feed? Y / N

 If yes, please give details of type of pet, location of food, amount, etc

We will scoop litter on every visit. Will you need the litter box completely changed? Y / N

How do you dispose of solids (flush/ bag and place in garbage)? _____

If bag and place in garbage, where is the outdoor garbage located? _____

Please tell us where you will keep the following items during our visits and any applicable instructions:

Litter box: _____

Cat litter: _____

Bags for disposal (If applicable) _____

Food: _____

Food Bowl: _____

Water Bowl: _____

Treats: _____

Medication: _____

Grooming items: _____

Pet Carriers for transport: _____

Pet Waste Disposal: _____

Main Indoor Trash Can: _____

Vacuum: _____

Broom/Dustpan: _____

Paper Towels: _____

Cleaning Supplies (in case of cat accident): _____

Main Water Shut Off Valve: _____

Fire Extinguisher: _____

Indoor/Outdoor plant watering instructions: _____

Home Security

Set Alarm: Y / N

Alarm System Panel(s) Location: _____

Alarm Company _____ Phone Number _____

Alarm Setting Details

To Activate: (instead of writing the code here, please use the word CODE instead, ie Press 'CODE' then 'OK')

To Deactivate:

Do not write alarm code on this contract. We suggest that you use a temporary house alarm code of our choosing, that way the code does NOT have to be written down

Pet Profile

**** Please fill out one for each pet****

Pet's Name _____ Cat/Other _____

Age/Birthday _____

Male / Female _____ Spayed / Neutered: Y / N _____ Breed: _____

Colours: _____ Microchipped: Y / N _____

Feeding Instructions (please be specific about amount of food and how many times per day) _____

What brand(s) and/or type(s) of food do you feed? _____

Favourite toys / games: _____

Food Allergies / Restricted Food: _____

Major Medical Conditions (past and present): _____

Medications(s) – name, dose, frequency: _____

This pet loves to: _____

Special handling / Other notes): _____

I attest that all of the above information is true to the best of my knowledge. If anything changes from that listed above I will inform DogZen before the next service is scheduled to begin.

This signed document gives DogZen(and their representatives) authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit DogZen to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

X _____ X _____ X _____

Signed Name

Printed Name

Date