

Referred
by: _____



Client Information

Would you like to receive our monthly newsletter? _____

(We will never give away/sell your email address)

Name: _____ Spouse/Other _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____

Would you like daily or periodic emails, text, or calls about your pets well being? Indicate yes or no, type of update, and how often: _____

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets? _____

Name, address and phone number

Name, address and phone number of family member, friend or agency/organization of who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return:

Home Care and More

If you live in a **guarded** community please make sure to add Kisses and Cuddles to the approval list

If you live in a **gated** community please provide gate code/access: _____

Best location to enter home: (front door, garage, etc.) _____ Garage Code: _____

Alarm Code: _____ Alarm Location: _____

Alarm Instructions: _____

Alarm Company Name, Phone and Password: _____

Location of fuse box/circuit breaker: _____

Location of thermostat and temperature setting for inside the home _____

Cleaning supplies located (please let us know if you have specific instructions for special carpet/flooring)

Indoor Disposal _____ Outdoor Waste Disposal _____



Home Care Continued



Free services you would like your pet sitter to perform:

We will automatically take in newspapers, flyers, and other things that would make it appear you're not home

- ◇ Bring in mail (location/storage preference): _____
- ◇ Bring in daily newspaper (location/storage preference): _____
- ◇ Alternate lights (identify preference): _____
- ◇ Open blinds/curtains (identify preference): _____
- ◇ Turn on t.v/radio (times preferred): _____
- ◇ Water indoor plants (instructions): _____
- ◇ Water outdoor plants (instructions): _____
- ◇ Feed wildlife (instructions): _____
- ◇ Take out garbage/recycling (days/time/location): _____

List of others that have access to your home (key holder such as friends, cleaning service, etc.)

Additional HOME care instructions/
 comments _____

PLEASE NOTE: AND INITIAL BELOW: *if anyone else has access to your home while the pet sitting job is being performed, we, Kisses and Cuddles Inc, can assume no liability for any damages or losses to your home or pet. The utmost care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (ie. bite, furniture damage, accidental death etc) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors. Please initial* _____

Pet Sitter agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said Pet Sitter/Kisses and Cuddles Inc. except those arising from negligence or willful misconduct on the part of the Pet Sitter/kisses and Cuddles Inc. Please initial _____

Pet Sitter/Kisses and Cuddles Inc. may terminate this contract at any time by written notice to the other. Pet Sitter will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's pet(s). Pet Sitter will not terminate during a period of scheduled service unless Pet Sitter determines, in its sole discretion that a danger exists to the health or safety of Pet Sitter. If such concerns preclude Pet Sitter from providing further care of the pet, then Client authorizes pet to be placed in a kennel, or alternate care taker (provided by the Client) with all charges there from to be charged to Client. Every attempt will be made to notify Client regarding such situation. Please initial _____



Pet Care

**ADDITIONAL COMMENTS
OR INSTRUCTIONS MAY
BE WRITTEN ON THE
BACK OF THIS PAGE:**

Please use one Pet Care form for each additional pet

Pet Name _____ Breed _____

Color _____ Sex(S/N) _____ DOB _____

Personality (fears and phobia's) _____

Favorite Toys/Special Treats _____

Food Regimen (include type of foods, quantities, and how often) _____

Food located _____ Daily Exercise _____

Leash located _____ Toy box located _____

Litter box location(s) _____

Has your pet had basic obedience? (List commands) _____

Will your pet walk in the rain? _____ Pet towels located _____

If your pet enjoys walking in the rain we will conduct our normal walking procedures provided it is safe to do so.. For those that dislike the rain we will provide a quick potty break and the remaining time will be spent indoors for play time and love

Medical Care

Veterinarian (Name, Phone, Address) _____

Medical Issues? _____ Require restricted activity? _____

Medications (list type and how often) _____

In the event of an emergency, we will make EVERY effort to contact you immediately. If, in the event we are unable to reach you, Kisses and Cuddles Inc. is authorized by signature below to seek emergency care for above pet. Client authorizes pet sitter to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Kisses and Cuddles Inc. will make every effort to seek treatment by your preferred veterinarian but may seek treatment at the local emergency veterinary offices should your veterinarian not be available. Client agrees to reimburse Pet Sitter/ Kisses and Cuddles Inc. for any expense incurred, plus any additional fees for attending to this need or any expenses incurred for any other home/food/supplies needed up to \$_____ (please put dollar amount)

In the event of your pet's death during your absence, what arrangements should be made until we are able to contact you? _____

Signature _____ Date _____