



732-259-6330

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[www.toniespetcare.com](http://www.toniespetcare.com)

<https://www.facebook.com/antoinettepuccia>

Owner's Name \_\_\_\_\_

Owner's Home Phone# \_\_\_\_\_

Owner' Work Phone# \_\_\_\_\_

Owner's Cell# \_\_\_\_\_

Owner's Email Address \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

Spouses / Partner / Neighbor / Family / Friend for Emergencies – Name & Phone# \_\_\_\_\_

\_\_\_\_\_

If vacationing where can I reach you? \_\_\_\_\_

\_\_\_\_\_

Animal Hospital & Veterinarian Information \_\_\_\_\_

\_\_\_\_\_

Pet(s) Name \_\_\_\_\_

What type of animal? \_\_\_\_\_

Medical History \_\_\_\_\_

\_\_\_\_\_

Instructions for Oral / Topical Medicine / Supplements \_\_\_\_\_

\_\_\_\_\_

Pet(s) **MUST** be up to date on all Vaccines. Please provide proof of vaccines.

Pet(s) MUST be to date on Flee & Tic Treatment. Is Pet(s) up to date with all treatments? Yes No

Dates help needed \_\_\_\_\_

Time Departing \_\_\_\_\_

Time Returning \_\_\_\_\_

Description of visits needed \_\_\_\_\_

\_\_\_\_\_

Morning Routine \_\_\_\_\_

Afternoon Routine \_\_\_\_\_

Evening Routine \_\_\_\_\_

Night Routine \_\_\_\_\_

Sleepover: Yes No

Key Tested & working properly: Yes No

Date/Time of Key Pick Up or being left outside somewhere? \_\_\_\_\_

Alarm code as needed \_\_\_\_\_

Will anyone else have access to the home or key to gain access? Yes No

Food location & Instructions \_\_\_\_\_

\_\_\_\_\_

Treats location & Instructions \_\_\_\_\_

\_\_\_\_\_

Water Bowl Instructions (Tap, Spring or Filtered Water) \_\_\_\_\_

Leash location: \_\_\_\_\_

Brush Location: \_\_\_\_\_

Waste Bags Location & where should pet waste be disposed? \_\_\_\_\_

\_\_\_\_\_

Litter box(s) Location & Instructions \_\_\_\_\_

\_\_\_\_\_

Cage Clean Up and Instructions \_\_\_\_\_

\_\_\_\_\_

Is Pet(s) friendly to other animals & People? Yes No

(Explain) \_\_\_\_\_

Can Pet(s) be trusted off leash in a secure yard? Yes No

(Explain) \_\_\_\_\_

Favorite Toys & Location \_\_\_\_\_

\_\_\_\_\_

Bring in Mail / Packages: Yes No

Water Plants – Inside / Outside: Yes No

(Explain) \_\_\_\_\_

Specific instruction for Lights / Blinds / Curtains / Doors / Fans / Heat / Air Conditioning \_\_\_\_\_

\_\_\_\_\_

In the event of personal emergency, illness, or determined that your pet(s) or home poses a danger to the health or safety of the sitter which kennel facility would you prefer your pet be taking to? \_\_\_\_\_

\_\_\_\_\_

**TERMS & CONDITIONS**

- If possible, please make pre-arrangements with your Veterinarian before my visit to bill you directly in the event of an emergency.
- The sitter is authorized to seek any medical care if deemed necessary (after contact with client if reachable) with release from all liabilities related to transportation, treatment and expense. Sitter is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by the owner’s veterinarian. Client agrees to reimburse sitter for any expenses incurred attending to this need.
- In the event of personal emergency or illness the Pet Sitter reserve the right to arrange for someone who is well known by Sitter to fulfill responsibilities. The client will be notified.
- In the event of inclement weather or natural disaster, sitter is trusted to use best judgment in caring for pet(s) and home. Sitter will not be held responsible for any consequences related to such decisions.
- In the event that my medical insurance will not honor all expenses due to bites, or diseases caused by owners’ pet(s) the client is then responsible for those expenses.
- Pet Sitter reserve the right to terminate this agreement at any time before or during its term, if sitter determines that a client’s pet or home poses a danger to the health or safety of the sitter. The Pet Sitter will arrange for the pet to be placed in a kennel facility at the owner’s financial responsibility.
- Pet(s) photo’s may be used for advertising print / internet Yes \_\_\_ No\_\_\_
- Please no extended leashes and no dog parks.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Pet sitter signature \_\_\_\_\_

I accept personal checks (made to Antoinette Puccia) and cash. Please no postdated checks. There is a \$35 returned check fee. This fee is subject to change and is based on current bank fees.