



WAGGING TAIL PET SITTING

Quality, Loving, In-Home Care For Your Pet While You're Away

BOOK A PET SIT SERVICE

SERVICE REQUESTED:

Initial Consultation: _____ First hour, no charge. Subsequent hour(s) or portions thereof, \$35/hour (electronic payment via Zelle requested).

Dates and Times (please provide first & second choice for availability):

Pet Sitter will call Client to confirm Day & Time for Consultation.

Dog Walk: _____ (*)

Date(s) and Times:

Pet Sit Visit: _____ (*)

Date(s) and Times: _____

Overnight Care: _____ (*) (**)

Date(s) and Times: _____

Vacation Pet Sit: _____ (*) (**)

Dates and Times: _____

() If new Client, Consultation required prior to booking)*

*(**) Please provide as much advance notice as possible, at least two weeks. For Vacations, at least a month is appreciated.*

CLIENT INFORMATION

Name: _____

Referred by: _____

If not referred: How did you hear about Wagging Tail Pet Sitting?

Address: _____

Directions: _____

Total # of Pets in the Home: ____ Dogs ____ Cats ____ Birds ____ Fish ____
Cage Pets ____ Other (please list) _____

Contact Information

Home Phone: _____ Work Phone: _____

E-mail: _____

Cell Phone: _____ Can you accept text messages:
Yes No If yes, would you like to receive photos of your pet(s) via text during your
absence? Yes No

Contact Preference/In Town: Home Phone Cell Work E-mail Text

Contact Preference/While Away: Home Phone Cell Work E-mail Text

Client Permission: Allow photos of your pet(s) to be posted on pet sitting company's
Web Site or social media sites? Yes No

Travel Information:

In addition to your cell phone and/or email, we require information on your out-of-town
lodging so that we can reach you in Case of Emergency:

Hotel/B&B/Location where you will be staying:

Phone: () _____ (We MUST have a telephone number or way
to reach you.)

Date & hour leaving town: _____ *

Date & hour returning: _____ *

- Day & Time pet sit begins: _____
- Day & Time pet sit will end: _____

()This question applies to All Pet Sit requests, including Dog walks, Pet Sit Visits, Overnight Care and Vacations.)*

Means of travel: Car Plane: Flight/Carrier _____
Other _____

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.)

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over the care of your pet(s) (until final pet guardianship is determined by arrangements made in your will or other legal documents).

Please be sure that you have notified the person(s) below that you have listed them as your Emergency Pet Guardianship contact and that we have been given their contact information.

Name: _____

Phone/Cell: () _____

PET PROFILE:

Name, Age, Sex, Species and Color of Each Pet to be Cared for:

Name	Age	Sex	Species	Color

Feeding Instructions / Snacks

Name of Pet: _____

Meal/Snack Instructions: _____

Name of Pet: _____

Meal/Snack Instructions: _____

Name of Pet: _____

Meal/Snack Instructions: _____

Location of Leash, Halter: _____

Favorite toys & Location: _____

For Dogs: Kept in Home: _____ Own Room: _____ Crate: _____ Yard: _____

For Cats: Kept in Home / Own Room (required): _____

Clean-up: Yard: Location of Scooper: _____

Where to dispose of waste: _____

Cat Sand Box Location: _____

Where to dispose of waste: _____

Cleaning supplies located: _____

Veterinarian, Address & Phone: _____

(Medical information will be requested on a separate Veterinarian Authorization Form.)

In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?

Name & Address:

Phone/Cell: () _____

HOME CARE

Lights Rotated _____ Windows Open/Closed _____

Take a Newspaper? _____ Location of Mail Box _____

Locked & Number? _____ Trash Can Location: _____

Day of Pick-Up _____ Thermostat: Heat/Cooling _____

Houseplants to Water? _____

Outdoor/Patio Plants to Water? _____

Important Phone Numbers:

Relative: _____

Neighbor: _____

Landlord/HOA: _____ Housekeeper: _____

Gardener: _____ Handyman: _____

Will pet-care responsibility be shared with anyone else during your absence? **

_____ Yes _____ No

(**) Will anyone else be coming into the house while you are gone and I am in your home? Family member or other party? If yes, please provide the Name, Address and Phone for the other party of this "job share" arrangement:

HOME ALARM

Are you on a Home Alarm System? Yes: _____ No: _____

Code to Enter / Code to Exit (Note if need to create Unique Code for Pet Sitter)

ENTER	EXIT

Company Name: _____ Phone: _____

Code: _____ (To disarm if need to call company)

Are security cameras in use at home? Yes No If yes, locations:

KEYS

Key provided to Pet Sitter _____ Keypad code provided to Pet Sitter: _____

House key tested: _____ Gate key tested: _____ Mail box key tested: _____----

Does anyone else have keys to your home? If so, who and contact information:

Key Options: Key kept on permanent file with Pet Sitter: _____ Key mailed back (mail service, \$5): _____ Key returned in person by Pet Sitter: _____ (Return Trip, \$20)
Owner will Pick Up: _____

Pet Sitter will test House Key prior to leaving the home at the conclusion of the Initial Consultation.

Thank you for providing this informational questionnaire. Pet Sitter will use this information, and ask additional questions, to complete your Client Profile during your initial Pet Sit Client Consultation.

CLICK HERE to Book a Consultation