

Client Information

Client's Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____
Number where you can be reached during your absence: _____

Veterinarian's Information

Vet / Hospital Name: _____
Address: _____ Phone: _____

Emergency Contact Person

(this person should have a key and live nearby)

Name: _____ Phone: _____

Pet Food Location: _____

Do you have a Doggie door? ___yes ___no

Is your yard fenced? ___yes ___no

Where are the leashes / collars kept: _____

Cleaning Supply Location: _____

Who is allowed on your property during your absence? (housekeeper, Gardner) _____

Who is the Guardian of your Pet in the event of your death? Name: _____

Phone: _____ Address: _____

SERVICE AGREEMENT

I'm aware that this signed document serves as proof that I have given Happy trails pet sitting service and their representative's authorization to enter my home, office, or property for the exclusive purpose of providing care for my pet(s). I agree that I'm responsible for all charges occurred for this service, and I agree to pay any balance due within 14 days to avoid any late fees. I further agree that I will assume all responsibility for any and all damages or injuries to my property, the pet sitter, other animals, people or their property that resulted from my pet(s). I hereby release Happy Trails and their designated agent(s) from any and all responsibilities from any such claim. Happy Trails pet sitting services agrees to administer my pet(s) medication (if any). I have explained dispensing information (if any) and the effects of this medication to the pet sitter and the company. I acknowledge that the pet sitter will performed in accordance with my instructions, and I waive any claim against Happy trails pet sitting service and their sitters unless the company or their sitters is negligent and does not perform as agreed. During my absence, I hereby authorize Happy Trails pet sitting service or their designated agent(s) to seek emergency medical treatment for my animal(s) from my veterinarian. In the event that my Veterinarian is not available I authorize Happy trails pet sitters to use one of their Veterinarians to seek emergency medical treatment for my pet. I will remain responsible to pay all medical expenses whether directly to the provider or to Happy Trails pet sitting service within (14) days of the date on which such expenses are incurred. By signing below I agree that all the information contained herein is true to the best of my knowledge, and I Acknowledge that I have received a copy of Happy Trails Pet Sitting Service, LLC Guidelines and Procedure Policy.

Alarm Code: _____ Gate Code: _____ Other: _____

Alarm Location: _____

Key Return Method: ___Keep on file ___ Leave at last visit ___By Mail ___Hand deliver ___Other _____

CLIENT SIGNATURE

DATE

How did you hear about us? _____

Pet's Information

Name: _____
Date of Birth: _____ Breed: _____ Color _____ Sex: _____
Do They Get Along With Other Animals? ____yes ____no
Feeding Instructions: _____
Medical Conditions: _____
Medication: _____
Dosage Amount: _____ Dosage Time: _____
Instructions: _____
Normal Side Effects of this Medication: _____

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Service Request

Client Name: _____
Service Start Date: _____ **Time:** _____
Service End Date: _____ **Time:** _____
Visits per Day: _____ **Total Days:** _____ **Total Visits:** _____

Service Type

____ **Weekly Dog Walk** - Time _____ Days: Mon, Tue, Wed, Thurs, Fri, Sat, Sun
____ **Drop In**
____ **Regular Visit** - Visit Times 1st Visit: _____ 2nd: _____ 3rd: _____ 4th: _____
____ **Extended** - Visit Times 1st Visit: _____ 2nd: _____ 3rd: _____ 4th: _____
____ **Hourly** - Visit Times 1st Visit: _____ 2nd: _____ 3rd: _____ 4th: _____
____ **Over Night** - Visit start time _____ Visit End Time _____
____ **Pet Bath:** _____ Cat _____ Dog _____ weight
____ **Nail Trim** - Pets name: _____

Other Services

Dog Walks: Do you want us to walk your Dog(s) ___yes ___no / if yes ___AM ___PM
Pooper scooper service: ___yes ___no
Where do you want us to put the waist? _____

Litter Box Service: ___yes ___no
Where is the litter box located? _____
Where is the extra litter located? _____
Where do you want us to dispose of used litter? _____

Plants

Do you want us to water your plants? ___yes ___no
Where is the watering can located? _____
What days do you want us to water your plants: Mon Tue Wed Thurs Fri Sat Sun
What time of day do you want us to water: AM PM

Mail & Newspaper Retrieval:

Do you want us to retrieve your mail ___yes ___no
Do you want us to retrieve your news papers ___yes ___no
Where do you want us to place them: _____

Trash

Do you want us to place your garbage cans or recycling out for pick up? ___yes ___no
If yes than fill in the following:
Garbage Day: _____ Recycling Day: _____
Where are cans located: _____
Where do you want us to place them for pick up: _____

Alternate Lights & Curtains

Do you want us to alternate lights ___yes ___no
Where and when _____
Do you want us to alternate drapes / blinds ___yes ___no
Where and when _____

TV & Radio

Do you want us to turn on / off TV & Radio ___yes ___no If yes then fill in the following:
TV / Radio turned on at ___AM ___PM - Turn off at ___AM ___PM - in what room _____

Updates

Email updates ___yes ___no Days: Mon, Tue, Wed, Thurs, Fri, Sat, Sun
Email Address: _____

Other _____