

Pet Sitting Form

Date:

Your Details		
Name:		
Address:		
Phone:	Email:	
How did you hear about us?		
□ Veterinarian □ Client □ Internet □ Advertisement □ Rescue/ Shelter □ Pet Store □ Other		
Name of referring individual, organization or publication:		
Booking Dates & Times		
Please provide the dates you would like your pet/s minded:		
I would like my pet/s minded: Morning Evening		
Other services I would like to include: 20 minute private walk poo pick up Kitty litter clean		
☐ 1 hour group walk ☐ Medication of pet/s ☐ water plants ☐ collect mail ☐ take bins out		
Vets Details		
Vet clinic:		
Address:		
Phone:		
1 st pet		
Name:	Age:	
Breed:	Gender: Male Female	
Desexed: yes No	Colour/ markings:	
Health issues/ allergies:	Vaccination certificate received	
Medications required:		
Feeding instructions:		
2 nd pet		
Name:	Age:	
Breed:	Gender: Male Female	
Desexed: yes No	Colour/ markings:	
Health issues/ allergies:	Vaccination certificate received	
Medications required:		
Feeding instructions:		

Anything else we need to know?		
Payment		
Method: Cash or DD	Basis: Weekly, Fortnightly or monthly	
Client Information		
Please note: All photo's taken of dogs while pet sitting with us are posted on our Facebook page at the end of each day.		
We have a 48 hour cancellation policy, less than 48 hours notice incurs a 20% fee of the full booking amount.		
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Office Use Only		
Keys collected: Yes No - Collections details:		
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Key return details:		
(i.e. leave under mat on last day etc.)		
Notes		

Client No.