

Pet Care Service Agreement

J Greenland Pet Sitting
5190 Lane Rd., Owensboro, KY 42303
270-993-1980
jgreenlandpetsitting@gmail.com

Client Information:

Client's Name: _____

Full Address: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Other Contact # _____

Pet Information:

Pet's Name	Type of Pet	Sex/Age	Personality	Other

Food Location: _____ Food/Water Bowl Location: _____

Litter Location: _____ Pet Carrier Location: _____

Leash Location: _____ Treat/Toy Location: _____

Pet Waste Bag Location: _____ Cleaning Towels/Misc. Location: _____

Feeding Instructions: _____

Other Pet Information: _____

Emergency Contact Information:

Primary Emergency Person:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Backup Emergency Person:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

I hereby designate the aforementioned emergency contact person _____ to take charge of an emergency, and/or to take physical possession of my pet(s) in the event of a pet emergency.

Client's Initials: _____

Veterinarian Information:

Regular Veterinarian & Clinic Name	Phone:
	Address:
Emergency Veterinarian Clinic	Phone:
	Address:

I (the client) give you JGPS permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and I will be responsible for full payment such care.
 Yes _____ No _____ Notify Emergency Contact(s) _____ CALL US FIRST _____
 Client's Initials: _____

Medication Instructions:

Pet's Name	Med Name	# of times per day/amount given	Medical Issue	Instructions

Alarm System:

Security Co. Name: _____ Phone #: _____

Key Pad Location: _____ Alarm Code: _____

Alarm Password: _____

Instructions to Enter: _____

Instructions to Leave: _____

House Key/Other Information:

of house keys provided to JGPS: _____ Back-up House Key : _____

Water Shut Off Location: _____

Circuit Breaker Location: _____

Emergency Repair Contacts/Repair Type: _____

Visit Instructions:

Date of first visit: _____

Date of last visit: _____

Number of visits per day: [See Schedule Notes --- Page (5)]

Total Number of visits: _____

Duration of Each Visit Requested: (1/4) Hr _____ (1/2) Hr _____ (1) Hr _____ Other _____

How often should we check in with you? _____

How do you wish to be contacted? _____

Type of Pet Service Requested:

Pet Sitting _____ Dog Walking _____

Other _____

Additional Services Requested:

Bring in mail/papers _____ Water Plants: _____

Put Out Trash/Recycles (indicate day of pickup) _____ Where to Place: _____

Open/Close Blinds/Curtains _____ When _____ Where: _____

Turn On/Off Lights _____ When _____ Where: _____

Other: _____

Schedule Notes

Date / Day	Time	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

Please contact JGPS upon your return, or if you are returning later than expected.

Reviewed By -

Pet Owner Signature: _____ Date: _____

JGPS Signature: _____ Date: _____