

# Critter Sitters

Pet Sitting Services  
478-747-5426  
Serving Houston County, GA

## Pet Care Profile

Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

(1) Cell #: \_\_\_\_\_ (2) Cell #: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Dog / Cat / Other: \_\_\_\_\_ Age \_\_\_\_\_

Male / Female Spayed/Neutered: Y / N Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Distinguishing Features: \_\_\_\_\_ Collar Color: \_\_\_\_\_ Tags: Y / N

Microchipped: Y / N

Feeding Instructions (amount, times of day, etc.)

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What brand(s) and/or types of food do you feed:

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Favorite toys / games

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Treats/Food Toy (Kong):

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Food Allergies / Restricted foods:

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Major Medical Conditions (Past or Present):

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Medication(s) (Name, Dosage, Frequency)

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Has your pet ever been aggressive or bitten someone?

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Exercise Instructions (walk frequency or play in yard?):

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Tricks my pet knows:

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Restricted Access (Rooms or Furniture):

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Will your pet be crated at any point during our service? \_\_\_ Yes \_\_\_ No

If so, when? \_\_\_\_\_

Litter care (please list where fresh litter is located, disposal bags and disposal location)

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This Pet Loves to:

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Hates to: \_\_\_\_\_

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.)

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Is it OK for sitter to use your restroom? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Customer#** \_\_\_\_\_

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## Pet Care Contract

\*\*\*Please PRINT clearly in blue or black ink\*\*\*

\*\*\*Fill in all applicable fields to the best of your knowledge\*\*\*

Your Name \_\_\_\_\_ Phone Home \_\_\_\_\_

Partner/Spouse Name \_\_\_\_\_ Phone Work (Self) \_\_\_\_\_

Address \_\_\_\_\_ Phone Cell (Self) \_\_\_\_\_

Phone Work (Partner/Spouse) \_\_\_\_\_ Email \_\_\_\_\_

Phone Cell (Partner/Spouse) \_\_\_\_\_

Emergency Contact(s) Please circle yes or no if they have a copy of your house key and if they should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency. (It does not have to be someone who lives nearby).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Decision Maker: Y / N Key Y / N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Decision Maker: Y / N Key Y / N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Decision Maker: Y / N Key Y / N

Should we be expecting anyone in your home during your absence? Y / N

If yes, who? \_\_\_\_\_

Circle Door of Entry: Front Door Side Door Back Door Garage Door

To be locked: Deadbolt Door Handle Both

Circle **only** if you have an attached garage: Door from garage to house kept - Locked or Unlocked

**Only if you want your keys returned after service ends**, please circle your preferred method:

- 1) Deliver in person (\$10)
- 2) Leave hidden OUTSIDE of house. (do not write where on this contract; discuss with Critter Sitters)
- 3) Leave inside of house with doors locked. If so, please list location \_\_\_\_\_

Home Security: Set Alarm? Y / N

Alarm System Panel(s) Location \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* Do not write the alarm code on this contract. We will discuss alarm use at the pre-service meeting. Critter Sitters suggests you use a temporary house alarm code of our choosing so that the code does NOT have to be written down.

Please tell me where you will keep the following items during visits and any applicable instructions:

Leash:

\_\_\_\_\_

Food:

\_\_\_\_\_

Food Bowl:

\_\_\_\_\_

Treats:

\_\_\_\_\_

Medication:

\_\_\_\_\_

Crate:

\_\_\_\_\_

Pet Carriers for Transport:

\_\_\_\_\_

Pet Towels:

\_\_\_\_\_

Carpet Cleaner and Rag:

\_\_\_\_\_

Extra Paper Towels:

\_\_\_\_\_

Vacuum:

\_\_\_\_\_

Broom/Dustpan:

\_\_\_\_\_

Main Indoor Trash Can:

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Pet Waste Disposal:

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Litter Box:

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Cat Litter:

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Heat / AC Thermostat Location:

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Main Water Shut Off Valve:

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Circuit Breaker Box:

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Fire Extinguisher:

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Turn on TV/Radio? Y / N

Bring in the mail? Y / N

Bring in packages? Y / N

Bring in newspaper(s)? Y / N

I do hereby waive and release Critter Sitters from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of Critter Sitters. Critter Sitters agrees to provide all services in a kind, reliable, and trustworthy manner. Client agrees to notify Critter Sitters of any concerns within 24 hours of their return. In the case of an emergency, inclement weather, or a natural disaster I authorize Critter Sitters to use their judgment for the care and well-being of my pet(s) and/or house. I acknowledge I am responsible for all medical expenses and damages resulting from an injury to a pet sitter, or other persons, caused by my pet or my negligence. I understand that Critter Sitters can terminate this contract if my pet becomes a threat to the safety or health of Critter Sitters due to aggressive behavior. Critter Sitters will attempt to contact me if any issues arise. In the case that Critter Sitters cannot reach me, I authorize Critter Sitters to place my pet(s) in a licensed kennel with all charges arising there to be paid by myself. I will leave my credit card information with my preferred veterinarian. Critter Sitters reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above I will inform Critter Sitters before the next service is scheduled to begin. This signed document gives Critter Sitters employees authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit Critter Sitters to accept all future telephone, on-line, mail or email reservations and enter my home without additional signed contracts or written authorizations.

X \_\_\_\_\_  
(Please print name)

X \_\_\_\_\_  
(Signature)

Please make a copy of this contract for your records. Critter Sitters will obtain and review this original at the pre-service visit. Questions? Please call: (478) 747-5426.

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\*\*\* Please do not write below this line. Critter Sitters use only \*\*\*

Total keys on file \_\_\_\_\_ Total # to be returned \_\_\_\_\_  
Critter Sitters Signature \_\_\_\_\_  
Date received by Critter Sitters \_\_\_\_\_

**Customer#** \_\_\_\_\_

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## Pet Care Fee Contract

Critter Sitters charges a fee of \$18 per visit for up to three pets for multiple visits per day and \$20 for one visit per day. Each additional pet is \$1.00 per visit. We are happy to visit your pet(s) up to three times per day.

**Critter Sitters requires payment in full by first day of service.** (We accept cash, check or credit/debit card. 3% service fee for credit/debit card payments)

Dates of service: From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

Total # of days that require one visit: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_ **(A)**

Total # of visits per day for multiple visits: \_\_\_\_\_ x \$18/visit = \_\_\_\_\_ x # of days  
\_\_\_\_\_ = \_\_\_\_\_ **(B)**

**(A) + (B) = TOTAL** \_\_\_\_\_

Will your pet(s) require Taxi Transport? Y or N. If yes, add \$20

**Total pet care fee due by day of service: \$** \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

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\*\*\* Please do not write below this line. Critter Sitters use only \*\*\*

Paid: \_\_\_\_\_

Circle: check    cash    credit card    debit card

Critter Sitters Signature: \_\_\_\_\_

**Customer#** \_\_\_\_\_