



# The Precious Pet

**PROFESSIONAL  
PET SITTERS**

## CLIENT INFORMATION

### Primary Contact

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Email \_\_\_\_\_ CC Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

How did you find us? \_\_\_\_\_

### Address

Access Instructions (ex. Gate code, alarm code) \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Spouse/Significant Other Contact

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

### Vet Information

Veterinarian Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dr's Name \_\_\_\_\_

Does your veterinarian offer after hours emergency service? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how do we contact them? (after hours phone number) \_\_\_\_\_

If not, please choose one of the following options:

\_\_\_ Services provided by Gulf Coast Veterinary Emergency Hospital

\_\_\_ Other (Please Specify) \_\_\_\_\_

In the event my pet experiences a medical emergency I authorize my pet to be transported to the location indicated above. I also understand it is my responsibility to reimburse The Precious Pet for all costs incurred and that these expenses are due and payable at time of pet sitting payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### EMERGENCY CONTACT

Should we be unable to get in touch with you when you're away, please list at least one emergency contact here in town that can be called upon in the event of an emergency. Your emergency contact should be familiar with your home as well as your pet(s). Please inform these contacts that you have listed them in your file. It's also a good idea to provide them with one of our cards should they need to contact us.

#### Emergency Contact #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Do they have a key to your home? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Emergency Contact #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Do they have a key to your home? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that by listing the above people as my emergency contact(s), I am authorizing representatives of The Precious Pet to act on their authority regarding my home and pet(s). I also understand that this information will stay in my file for future use, and I should contact The Precious Pet with any changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Pet Information

(Please fill out one per pet)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Type (ex. Dog, cat, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_

Microchip # and Company \_\_\_\_\_

Sex \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_ Vaccinations Current \_\_\_\_\_

List any known medical problems \_\_\_\_\_

List any medications; include dosage and how it is administered \_\_\_\_\_

### Routine

\_\_\_\_\_  
\_\_\_\_\_

### Feeding schedule (food brand, serving size, treats, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### Other Instructions (ex. Newspapers, mail, plants, lights, and blinds)

\_\_\_\_\_  
\_\_\_\_\_