



Triangle Pet Care

Client Information For Pet Sitting

Customer's Name: _____

Address: _____

Alarm code to enter: _____ Alarm code to exit: _____ Alarm password: _____

Phone Number: (H): _____ (W): _____ (C): _____

Pet's Name: _____

Age: _____ Breed _____

Emergency Contact Person and Phone Number:

Does anyone else have a key to your home? If yes, who? (include phone number)

Do I have permission to take your animal(s) to the Veterinarian if needed? Yes (Vet. Info Form) No

Special Instructions for Home Care (mail, plants, etc) : _____

Special Instructions for Pet Care (diet, medication, treats, daily routines, etc): _____

Does your pet have any behavior or aggression problems? Do they get along with other pets?

Days of Visit: _____

Times of Visit: _____

Pet Sitting Fee: _____ Per Visit or Per Day _____

Pet Owner's Signature Date

Pet Sitter's Signature Date