



Pet Care Contract & Profile

Paw Print Pet Sitting

16984 Glenwood Ave. Lakeville, MN 55044
 (952) 891-1025 www.pawprintpetsitting.com

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) _____
 Email _____ Phone Work (Partner/Spouse) _____
 Phone Cell (Partner/Spouse) _____

How did you find us? (Yellow Pages, friend, location of ad) _____

Emergency Contact(s) Please circle yes or no if they have a copy of your house key. 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.

Name: _____ Relation: _____ Phone: _____ Key Y / N
 Name: _____ Relation: _____ Phone: _____ Key Y / N
 Name: _____ Relation: _____ Phone: _____ Key Y / N

Should we be expecting anyone in your home during your absence? Y / N
 If yes, Who? _____

After your first service is over do you want us to keep a copy of your keys on file for future use? Y / N
 Leaving a copy on file is recommended as you can order service anytime and no extra key return charges.
 If you have any concerns or questions we can discuss it during our meeting.

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

Circle Door of Entry: Front Door Side Door Back Door Garage Door
 To be locked: Deadbolt Door Handle Both

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. Paw Print suggests you use a temporary house alarm code of our choosing that way the code does NOT have to be written down.*

Alter Lights/Blinds? Y / N _____
 Turn on TV/Radio? Y / N _____

Paw Print Pet Profile

****If you need more Pet Profile pages print just page 2 of this document****

Pets Name: _____ Dog / Cat / Other: _____ Age/Birthday: _____

Male / Female Spayed/Neutered: Y / N Breed: _____ Color(s): _____

Distinguishing Features: _____ Collar Color: _____ Tags: Y / N Micro chipped: Y / N
Favorite toys / games _____

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

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

Treats/Food Toy (Kong): _____

Food Allergies / Restricted foods: _____

Major Medical Conditions (Past or Present): _____

Medication(s) (Name, Dosage, Frequency) _____

Has your pet ever been aggressive to anyone in the past? _____

Walking Instructions (if applicable): _____

Commands/Tricks my pet knows: _____

Restricted Access (Rooms or Furniture): _____

Will your pet be crated at any point during our service? _____

This Pet Loves to: _____

Hates to: _____

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

Other Notes: _____

Paw Print Pet Profile

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Other Notes: _____

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

Leash: _____

Treats: _____

Food: _____

Food Bowl: _____

Medication: _____

Litter Box: _____

Cat Litter: _____

Pet Carriers for Transport: _____

Pet Waste Disposal: _____

Carpet Cleaner and Rag: _____

Vacuum: _____

Broom/Dustpan: _____

Towels to Wipe Pet If Raining: _____

Circuit Breaker Box: _____

Fire Extinguisher: _____

Indoor/Outdoor Plant Watering Directions (extensive plant watering may incur an extra charge) _____

I do hereby waive and release Paw Print Pet Sitting 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 Paw Print Pet Sitting. Paw Print Pet Sitting agrees to provide all services in a kind, reliable, and trustworthy manner. In the case of an emergency, inclement weather, or a natural disaster I authorize Paw Print Pet Sitting to use their reasonable judgment for the care and well being of my pet(s) and/or house.

I understand that Paw Print Pet Sitting can terminate this contract if my pet becomes a threat to the safety or health of Paw Print Pet Sitting due to aggressive behavior. I entrust Paw Print Pet Sitting to contact me in any and all cases if this threat should arise. In the case that Paw Print Pet Sitting cannot reach me, I authorize Paw Print Pet Sitting to place my pet(s) in a licensed kennel with all charges arising there from to be paid by myself. Paw Print Pet Sitting 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 Paw Print Pet Sitting before the next service is scheduled to begin.

This signed document gives Paw Print Pet Sitting (and their representatives) 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 Paw Print Pet Sitting to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

X _____
Signed Name

X _____
Printed Name

Please make a copy of this contract for your records.
Paw Print will obtain and review this original at the pre-service visit.
Questions? Please call: (952) 891-1025 or email wecare@pawprintpetsitting.com

*Do not write below this line office use only
Paw Print Signature _____
Date received by Paw Print Pet Sitting _____

Paw Print Pet Sitting
www.pawprintpetsitting.com ph. (952) 891-1025
Veterinary Medical Care Release Form

In the event of a medical emergency where Paw Print cannot contact you to authorize care immediately and directly, Paw Print will use this form to obtain care. ***Please PRINT clearly in blue or black ink***

Primary Veterinarians Information

Name of Vet Hospital or Clinic: _____
Address: _____ Phone: _____
Name of preferred Doctor: _____

I, _____ (pet owner) hereby give Paw Print Pet Sitting my express permission to transport any of my pets for care to the above-mentioned veterinarian (or to closest open facility if the Primary Vet office is not available). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I understand that Paw Print will try to contact me as soon as possible in the event of a medical emergency. If Paw Print can not contact me, I give permission to Paw Print Pet Sitting service to approve treatment up to \$ _____ per pet (most common values are \$200, \$1000, or unlimited)

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Paw Print Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

List of Pets:

Name/Description or Breed: _____
Name/Description or Breed: _____
Name/Description or Breed: _____
Name/Description or Breed: _____
Name/Description or Breed: _____

check here if you would like a copy of this form placed on file with your vet to expedite any emergency care

If anything changes from what is listed above I will inform Paw Print before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Paw Print cares for one or more of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

X _____
Signed Name

X _____
Printed Name

_____/_____/20_____
Date