



### Client Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

In case of inclement weather or natural disaster prohibiting travel to ensure your pets' safety, is there a neighbor that we may contact?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

If you are unavailable to return home, who should be given emergency guardianship of your pet(s) until final guardianship is determined by legal documents?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like daily texts, calls, or emails? \_\_\_\_\_

If yes, which do you prefer? \_\_\_\_\_

#### **Indicate Desired Service:**

- Pet sitting in your home
- Daily dog walks
- Private boarding
- Bath and nail trim
- Pet transportation
- House sitting (no pets)

#### **Keys:**

- Received
- Tested

#### **Key return:**

- By mail
- In Person
- Other arrangements



**Home Care Information**

Date: \_\_\_\_\_

Is there a security system and code in place? \_\_\_\_\_

Alarm Instructions: \_\_\_\_\_

\_\_\_\_\_

List of others that may have access to your home during the times Jen's Pet Services, LLC may be present? Ex: Friends, lawn care, house keeper, maintenance, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Services you would like us to perform:

- Bring in mail
- Water plants (\$5 additional fee)
- Alternate lights (Identify which lights) \_\_\_\_\_
- Open Blinds/curtains (Identify which blinds/curtains) \_\_\_\_\_
- Turn on TV or radio

Additional comments/instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Locksmith clause: In the event that Jen's Pet Services, LLC is required to employ a locksmith to gain entry into the Client's premises due to malfunction of the lock or failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse Jen's Pet Services, LLC for all costs incurred. The Client agrees to give Jen's Per Services, LLC the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

\*If anyone else has access to Client's home while Jen's Pet Services, LLC is scheduled to be at the house, we assume no liability for any damages or losses to your home or pet.



**Pet Care Information**

Date: \_\_\_\_\_

Pet name: \_\_\_\_\_

Color/breed: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Collar color: \_\_\_\_\_

Tags:  Yes  No

Microchip (circle one):  Yes  No

Leash location: \_\_\_\_\_

Food location: \_\_\_\_\_

Favorite toys or treats: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medication and dosage instructions: \_\_\_\_\_

Location of cleaning supplies in case of accident: \_\_\_\_\_

History of biting (circle one):  Yes  No

How does your pet react to strangers, children, and other pets:

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

Does your pet have any usual hiding spots? (Please indicate any area of house that is off limits in case we are searching for a hiding or scared pet)

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

Personality: \_\_\_\_\_

Should we approach any pets with caution? \_\_\_\_\_

Any neighborhood dogs to be cautious of during walk? \_\_\_\_\_

Vaccinated (circle one):       Yes               No

Vet Name: \_\_\_\_\_

Vet Phone: \_\_\_\_\_

Vet Address: \_\_\_\_\_

In the event of your pet's death during your absence, what arrangements should be made?

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Additional comments/instructions:

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\*In the event your vet cannot be reached, Jen's Pet Services, LLC will use our vet, Dr. Troop, or any available 24/7 vet service. Client is responsible for any treatment or care expenses.

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