



Serendipity Pet Care LLC

In-Home Pet Sitting Application

Please complete one Pet Information Disclosure form-1 per pet please.

Client Name

Pet Parent/Guardian: _____

Home Address: _____

Pet Name: _____

Phone: _____

Email: _____

Emergency Contact: _____

Length of Time Owned: _____

Pet Type: _____ Dog / Cat / Small Animal _____

Breed: _____ Sex: M/F _____

Declawed: Y/N Spay/ Neutered: Y/ N

License #: _____

Microchip/Tattoo/Dog Tag #: _____

Physical Description (if similar to another):

Birth Date: _____ Or Age: _____

Weight: _____ Or Size: _____

Keys Given to Sitter: Y/N

Door Alarm or Code: _____

Feeding/Walking and Other Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ Min

| | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Dry | Brand: Measure with: Amount: Where to feed: | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night | Procedure: |
| <input type="checkbox"/> Wet | Brand: Measure with: Amount: Where to feed: | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night | Procedure: |
| <input type="checkbox"/> Medication(s): | Amt: Location: Hide In Treat: | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night | Procedure: |
| <input type="checkbox"/> Walking | Times Per Day: Leash/Harness: Location Of Walk: Type: Fast, Slow ect: Other: | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night | Procedure: |
| <input type="checkbox"/> Water | <i>Water will be cleaned and filled frequently</i> | <input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered | Dish Location: Water Location: |
| <input type="checkbox"/> Treats | Name: Amt: Location: | Notes: | |

Additional Notes-Care Considerations and House Duties:

Pet's Living Area:

| | |
|---|--|
| <input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors | <input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: Special Information: |
|---|--|

Emergency Care: **Placing Credit Card on file at vet's office is recommended*

Vet Name: _____

Pet Allergies: _____

Clinic Name: _____

Vaccinations up to date on (month/yr): _____

Phone: _____

Heartworm test: Negative / Positive: _____

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality: _____

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

Pet reacts to the above by: _____

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to? _____

How can he/she be retrieved? _____

Does he/she dig holes or dig under fencing? _____

Has he/she ever jumped a five foot fence? _____

Commands: (Please circle commands we know, and underline commands we are working on):

| | | | | | | | |
|------|------|------------|----------|------------|-------------|---------|--------------|
| Sit | No | Outside | Make Poo | Potty | Bad | Bath | In the House |
| Stay | Down | Walk | Food | Who's Here | Good | Move | Ride |
| Come | Lay | Don't Pull | Treat | Back | Drop [it] | Come-on | |
| Heel | Out | Walk Nice | Cookie | Naughty | Don't Touch | Off | |

Allowed to go for rides in sitter vehicle? Y / N May play with other pet(s) for socialization? Y / N

Allowed to be walked? Y/N Special Instructions _____

Favorite Games, Toys, and Activities: _____

Special Instructions: _____

Services Requested: Please check.

Dog Walking Only: _____

In-Home Pet Sitting: _____

Overnight Pet/House Sitting (10PM-6AM): _____

Dog Wash: _____

Pet Taxi: _____

Pet Parent/Guardian understands that Serendipity Pet Care LLC is relying on the above information when providing daycare and/or boarding services to their pet.

Pet Parent/Guardian agrees and understands the risks involved with dog walking and walking pets outside of the premises. Pet Parent/Guardian has provided a secured leash/harness, collar and identification/name tags for the purpose of walking and exercise. Serendipity Pet Care LLC will not be held liable for any harm arising from dog walking or pet walking except those arising from negligence.

Pet Parent/Guardian agrees to pay the pet sitting rates listed on the invoice before service start. Mailing payments after service is not accepted. Pet Parent/Guardian understands that there is a 48 hour cancellations/changes to policy and refunds are not given for early pick up or cancellation without a 48 hour prior notice.

In the event that any of the information provided proves to be inaccurate regarding the behavior of the Pet Parent/Guardian's dog(s)/cat(s) this could result in injury to the dog(s)/cat(s), other dog(s)/cat(s) or staff. Serendipity Pet Care LLC shall have the right to discontinue access and services that it provides if false or inaccurate information is provided.

If a pet becomes ill or injured or if the state of the animal's health otherwise requires professional attention, Serendipity Pet Care LLC, in its sole discretion, may engage the services

of a veterinarian of our choice or administer medicine or give other requisite attention to the animal, and any expenses incurred shall be paid by the Pet Parent/Guardian. In no event shall Serendipity Pet Care LLC be liable for illnesses or injury that arise during the pet's stay or after the pet has left the premises.

Serendipity Pet Care LLC agrees to provide agreed upon services in a manner that is trustworthy, caring and dependable. In consideration of the services as an express condition thereof, the client (Pet Parent/Guardian) expressly relinquishes any and all claims against Serendipity Pet Care LLC and its employees, except those arising from negligence.

Pet Parent Guardian/Client Name (Please Print)

Pet Parent/Guardian/Client Signature_____

Date_____

*Please attach copies of vaccination records.

Are you willing to be listed as a reference? (Please circle) Yes/No Thanks

Thank you for your business. Serendipity Pet Care LLC has a \$25.00 referral program. If you refer a new client and they complete a service, you will receive a \$25.00 credit on your next invoice if your name is mentioned. One credit per pet referral.

www.serendipitypetcare.com