

Pet Care Contract & Profile

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) _____
 _____ Phone Work (Partner/Spouse) _____
 Email _____ 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 can not reach you in case of an emergency (It does not have to be someone who lives nearby).

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

Should we be expecting anyone in your home during your absence? Y / N

If yes, Who?: _____

Circle Door of Entry: Front Door Side Door Back Door Garage Door

To be locked: Deadbolt Door Handle Both

Circle **only** if you have an attached garage: Door from garage to house keep - Locked Unlocked

Keep keys for future use? Y / N (Daily dog walks must leave a key on file)

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***

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. Berkshire Barks Pet Sitting suggests you use a temporary house alarm code of our choosing that way the code does NOT have to be written down.*

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

Leash: _____

Food: _____

Food Bowl: _____

Treats: _____

Medication: _____

Crate: _____

Pet Carriers for Transport: _____

Pet Towels: _____

Carpet Cleaner and Rag: _____

Extra Paper Towels: _____

Vacuum: _____

Broom/Dustpan: _____

Main Indoor Trash Can: _____

Pet Waste Disposal: _____

Litter Box: _____

Cat Litter: _____

Extra Light Bulbs: _____

Heat / AC Thermostat Location: _____

Main Water Shut Off Valve: _____

Circuit Breaker Box: _____

Fire Extinguisher: _____

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

Alter Lights/Blinds? Y / N _____

Turn on TV/Radio? Y / N _____

