



AUNTIE GAIL'S HAPPY TAILS

PET SITTING AND DOG WALKING SERVICES – BONDED AND INSURED



OWNER INFORMATION

Name: _____

Email: _____ Cell #: _____ Home/Office #: _____

Spouse/Partner: _____

Email: _____ Cell #: _____ Home/Office #: _____

Street address: _____ City: _____ State: CA Zip: _____

Does your home or building have a Security Gate? Yes No Entry Code is: _____

Does your home have surveillance cameras located in private areas like the bathroom or bedroom?

Does your home have an Alarm System? Yes No Code is: _____ Password: _____

Alarm Company name: _____ Alarm Company phone: _____

Gardener arrives? _____ Pool Service arrives? _____ House Keeper arrives?

Who else will have access to your home/property while you're away? _____

Anyone we need to be aware of that should definitely not be there when you're away? _____

EMERGENCY CONTACTS

Name: _____ Cell: _____ Relationship to you: _____

Landlord Name: _____ Cell: _____





AUNTIE GAIL'S HAPPY TAILS

PET SITTING AND DOG WALKING SERVICES – BONDED AND INSURED



PET INFORMATION

Pet 1

Name: _____ Type: _____ Gender: _____ Age: _____

Overall General Health Condition is: _____ On Medications: Yes No

This pet eats Dry food? Yes No If 'Yes,' how much? _____ How often? _____

This pet eats Wet food? Yes No If 'Yes,' how much? _____ How often? _____

This pet drinks tap water? Yes No Time(s) pet is fed? _____ Location? _____

Dog is leashed trained? Yes No Dog is obedience trained? Yes No

Pet is house-broken? Yes No

Medications

Pet medication is: Liquid form Pill form Pet takes this medication well? Yes No

Taken: Mixed in food/meal In cheese cube In turkey/hotdog In peanut butter (circle any)

Dosage: _____ Times per Day: _____ Time of day: _____

Pet 2

Name: _____ Type: _____ Gender: _____ Age: _____

Overall General Health Condition is: _____ On Medications: Yes No

This pet eats Dry food? Yes No If 'Yes,' how much? _____ How often? _____

This pet eats Wet food? Yes No If 'Yes,' how much? _____ How often? _____

This pet drinks tap water? Yes No Time(s) pet is fed? _____ Location? _____

Dog is leashed trained? Yes No Dog is obedience trained? Yes No

Pet is house-broken? Yes No

Medications

Pet medication is: Liquid form Pill form Pet takes this medication well? Yes No

Taken: Mixed in food/meal In cheese cube In turkey/hotdog In peanut butter (circle any)

Dosage: _____ Times per Day: _____ Time of day: _____





AUNTIE GAIL'S HAPPY TAILS

PET SITTING AND DOG WALKING SERVICES – BONDED AND INSURED



Pet 3

Name: _____ Type: _____ Gender: _____ Age: _____

Overall General Health Condition is: _____ On Medications: Yes No

This pet eats Dry food? Yes No If 'Yes,' how much? _____ How often? _____

This pet eats Wet food? Yes No If 'Yes,' how much? _____ How often? _____

This pet drinks tap water? Yes No Time(s) pet is fed? _____ Location? _____

Dog is leashed trained? Yes No Dog is obedience trained? Yes No

Pet is house-broken? Yes No

Medications

Pet medication is: Liquid form Pill form Pet takes this medication well? Yes No

Taken: Mixed in food/meal In cheese cube In turkey/hotdog In peanut butter (circle any)

Dosage: _____ Times per Day: _____ Time of day: _____

VETERINARIAN INFO

Name: _____ Phone: _____ Hours: _____

Address: _____ City: _____ State: CA Zip: _____

PET SUPPLY LOCATION

Food is kept? _____ Leash kept? _____ Medication kept? _____

New bags/wee pads/litter/liners/sawdust is kept where? _____

'Used' waste products (bags, pads, litter, etc.) are to be disposed of where? _____

Pet treats are ok to give? Yes No Max. Number is: _____ Treats kept where? _____

Favorite toys are: _____ Kept? _____ Pet ok to pick up/play with? _____

Dog(s) usually walked how many times per day? _____ At what times? _____

* Additional Notes: _____





AUNTIE GAIL'S HAPPY TAILS

PET SITTING AND DOG WALKING SERVICES – BONDED AND INSURED



SIGNATURES

I authorized Gail Carlson and Auntie Gail's Happy Tails to supervise my pet(s) while I am away from home, to be transported by car for the purpose of care for my pet(s); can enter my home for pet sitting or dog walking, and to take the pet(s) to emergency care for injury or life threatening situations and in that event I their owner will pay for such emergency expenses.

Auntie Gail's Happy Tails **shall not** be held liable by the Client for any act including but not limited to neighbors, friends, family, housekeepers, alarm companies, utility persons, or repair persons who have access to a key to the Client's property or if someone else is sharing pet sitting per our insurance company. It is our policy to receive and safely keep at least one key to gain access to your home. We are fully insured and bonded, background checked, and our testimonials speak for themselves. If we cannot have a key there is a \$10 pickup and drop off fee or you may choose to obtain a lockbox which contain the key.

We ask for flexibility and a range of ½ and hour on scheduled pet visits and dog walking as we have other clients to attend to and occasionally we encounter traffic delays. We require 72 hours notice for trip cancellations. Full payment at the time of booking for pet sitting and overnights is due no later than the first date of service. You are paying for me to hold a spot on my schedule for your pets. If something changes with you plans and a trip is cancelled or rescheduled any services paid will be credited for time or service remaining.

Client **agrees** to disclose of any video cameras inside the house in order to protect the privacy of the pet sitter working in the home and will not video the sitter while in a private restroom or bedroom. Payment is due upon first date of service payable by check, cash or PayPal to: Gail Carlson auntiegailspets@yahoo.com.

Agreed upon fee per visit: \$ _____ Overnight fee: \$ _____ Dog Walking each:\$ _____

First visit, walk or pet sitting dates: _____

CUSTOMER SIGNATURE

DATE

AUNTIE GAIL SIGNATURE

DATE

