## Sit-Stay-Home LLC Dog Walking Contract

Owner: Pet Name:

Address: Phone:

Cell Phone: Work Phone:

Email:

Emergency Contact:

Phone: Keys: Y/N

Should I expect anyone else in your home during your absence? If so, Who?

Vet Name: Clinic Name:

Vet's Phone: Pet Allergies:

Heartworm test: negative/positive

Vaccinations up to date: Y/N

## Temperament/Personality:

Pet doesn't like:

□ Hot/Cold Days: □ New Animals □ All Humans

□ Strangers: □ Other Family Pets □ Loud Noises

## Has Pet Ever:

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

## Basic Commands:

Allowed to go for rides in Pet Sitter Vehicle?
May play with Pet Sitters personal pet for socialization?
Favorite, Games, Toys, Activities?
Comments/Special Instructions:
Signature: Date: