



CLIENT AGREEMENT AND INFORMATION

NAME(S): _____

NAME OF PET(S): _____

ADDRESS: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

CELL PHONE: (____) _____

EMAIL: _____

EMERGENCY FAMILY CONTACT _____

EMERGENCY VETERINARIAN NAME AND PHONE NUMBER:

LOCATION OF EXTRA KEY: _____

ALARM DEACTIVATION CODE: _____

ALARM ACTIVATION CODE: _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE: _____

I have requested that Lindy Lou Pet Sitters take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

CHARGE PER VISIT: \$ _____

SPECIAL OFFERS: _____



PRICING

WEEKDAY VISITS/WALKS - HOURS FROM 6 AM – 10 PM, MONDAY - FRIDAY
\$16 PER HALF AN HOUR; \$23 FOR AN HOUR

WEEKEND VISITS/WALKS - FROM 6 AM SATURDAY UNTIL 10 PM SUNDAY
\$19 PER HALF AN HOUR, \$26 FOR AN HOUR

ADDITIONAL PETS - \$2 EXTRA PER VISIT
HOLIDAY VISITS/WALKS - \$5 EXTRA PER VISIT

DOG BOARDING

IN-HOME BOARDING: \$40-\$50 FOR 24 HOURS IN PET SITTER'S HOME (SERVICE DEPENDS ON AVAILABILITY. PRICE VARIES BASED ON NUMBER OF DOGS, LEVEL OF SOCIALIZATION.)



**REFER US AND YOU WILL RECEIVE ONE
FREE HALF AN HOUR WALK/VISIT!**



ASSIGNMENT INFORMATION

DATE OF FIRST VISIT: _____
DATE OF LAST VISIT: _____
NUMBER OF VISITS PER DAY: _____

TOTAL NUMBER OF VISITS:
OVERNIGHT: _____
DAILY VISITS: _____

ADDITIONAL DUTIES (PLEASE CIRCLE THOSE YOU WOULD LIKE TO REQUEST):

BRING IN MAIL/PAPERS
WATER PLANTS
PUT OUT TRASH CANS/RECYCLING
OTHER _____

WHERE CAN WE REACH YOU WHILE YOU'RE AWAY?

ADDRESS: _____
PHONE: (____) _____
EMAIL: _____

DO YOU WANT US TO VERIFY YOU HAVE RETURNED ON TIME AND CONTINUE TO VISIT IF WE DO NOT HEAR FROM YOU? (PLEASE CIRCLE REQUEST) YES / NO

WOULD YOU LIKE US TO CONTACT YOU REGULARLY DURING THE VISIT?
(PLEASE CIRCLE REQUEST) YES / NO

IF YES, PLEASE INDICATE BY WHAT METHOD AND WHEN/HOW OFTEN:

ADDITIONAL NOTES:



DOG INFORMATION SHEET

DOG'S NAME(S): _____

AGE(S): _____

BREED(S): _____

COLOR/MARKINGS: _____

SEX: M OR F _____ NEUTERED / SPAYED _____

RABIES TAG #: _____

DATE RABIES SHOT EXPIRES: _____

FEEDING

WHAT KIND OF FOOD/S DOES YOUR DOG EAT?

WHEN DOES YOUR DOG EAT?

SPECIAL FEEDING INSTRUCTIONS:

MEDICATION:

IS YOUR DOG ON ANY MEDICATIONS THAT MUST BE ADMINISTERED?

IF YES, PLEASE DESCRIBE THE MEDICATION PROCEDURES INCLUDING NAME, DOSAGE AND WHERE IT IS KEPT.

OTHER

DOES YOUR DOG HAVE A FAVORITE GAME?

DOES YOUR DOG HAVE FAVORITE HIDING PLACES?

WHERE DO YOU KEEP YOUR COLLAR AND LEASH?

DOES YOUR DOG NEED A SPECIAL HARNESS OR CHOKE COLLAR FOR WALKS?



TRAITS

PLEASE ANSWER THE FOLLOWING BRIEF QUESTIONNAIRE ABOUT YOUR DOG. IT WILL HELP US TO BETTER CARE FOR HIM/HER:

IS FRIENDLY WITH OTHER DOGS: YES / NO

LIKES NEW ADULTS: YES / NO

LIKES CHILDREN: YES / NO

MUST STAY ON LEASH DURING WALKS: YES / NO

IS ALLOWED IN THE HOUSE: YES / NO

IS ALLOWED TO HAVE TREATS: YES / NO

IS PRONE TO DIGGING: YES / NO

IS PRONE TO CHEWING: YES / NO

IS FEARFUL OF NOISES OR OTHER THINGS: YES / NO

OBEYS BASIC COMMANDS: YES / NO

HAS BITTEN PEOPLE OR OTHER DOGS: YES / NO

HAS SHOWN OTHER AGGRESSION: YES / NO

PLEASE INDICATE ANYTHING ELSE ABOUT YOUR DOG'S HABITS OR BEHAVIOR THAT WOULD BE USEFUL TO US IN PROVIDING CARE:



CAT INFORMATION SHEET

CAT(S) NAME(S): _____

AGE(S): _____

BREED(S): _____

COLOR/MARKINGS: _____

SEX: M OR F _____ NEUTERED / SPAYED _____

RABIES TAG #: _____

DATE RABIES SHOT EXPIRES: _____

FEEDING:

WHAT KIND OF FOOD/S DOES YOUR CAT EAT?

WHEN DOES YOUR CAT EAT?

SPECIAL FEEDING INSTRUCTIONS:

MEDICATION:

IS YOUR CAT ON ANY MEDICATIONS THAT MUST BE ADMINISTERED?

IF YES, PLEASE DESCRIBE ANY MEDICATION PROCEDURES AND THE NAME AND DOSAGE OF THE MEDICATION AS WELL AS WHERE IT IS KEPT.

OTHER

IS YOUR CAT ALLOWED OUTDOORS?

DOES YOUR CAT HAVE FAVORITE TOYS?



DOES YOUR CAT HAVE FAVORITE HIDING PLACES?

IS THERE SOMETHING THAT WILL BRING YOUR CAT OUT OF HIDING (THE SOUND OF THE CAN OPENER OR TREAT JAR, FOR EXAMPLE)?

TRAITS:

PLEASE ANSWER THE FOLLOWING BRIEF QUESTIONNAIRE ABOUT YOUR CAT. IT WILL HELP US TO BETTER CARE FOR HIM/HER:

DECLAWED? YES / NO

TRIES TO ESCAPE? YES / NO

WILL NOT EAT WHEN STRESSED? YES / NO

PRONE TO HAIRBALLS? YES / NO

SKITTISH WITH STRANGERS? YES / NO

USES THE LITTER BOX RELIABLY? YES / NO

FEARFUL OF LOUD NOISES? YES / NO

LIKES TO BE PETTED? YES / NO

LIKES TO BE HELD? YES / NO

HAS THE CAT BITTEN ANYONE? YES / NO

OTHER SIGNS OF AGGRESSION? YES / NO

PLEASE INDICATE ANYTHING ELSE ABOUT YOUR CAT'S HABITS OR BEHAVIOR THAT WOULD BE USEFUL TO US IN PROVIDING CARE:



VETERINARY INSTRUCTIONS AND RELEASE FORM

PET'S NAME: _____

DESCRIPTION: _____

AGE: _____

MEDICAL CONDITIONS/MEDICATIONS: _____

PET'S NAME: _____

DESCRIPTION: _____

AGE: _____

MEDICAL CONDITIONS/MEDICATIONS: _____

(ATTACH ADDITIONAL PAGE FOR MORE PETS)

IF ANY OF THE PETS NAMED ABOVE BECOMES ILL OR IS INJURED, I REQUEST LINDY LOU PET SITTERS (LYNN HINKENS) TAKE THE PETS TO:

VETERINARY OFFICE NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

ALTERNATE VETERINARY OFFICE NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

I GIVE PERMISSION TO LINDY LOU PET SITTING (LYNN HINKENS) TO APPROVE TREATMENT UP TO \$_____.

OWNER'S NAME (PLEASE PRINT): _____

OWNER'S SIGNATURE: _____ DATE: _____



LIABILITY WAIVER & POLICIES

I understand that payment is due at or prior to the time of the first visit.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Lindy Lou Pet Sitters (Lynn Hinkens) to take my pet/s to another veterinary office for treatment. I understand that Lindy Lou Pet Sitters (Lynn Hinkens) cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below and/or whenever Lindy Lou Pet Sitters (Lynn Hinkens) CARES for my pets:

Lindy Lou Pet Sitting will endeavor to offer only sound, safe, and responsible care for my pet(s). However, due to the unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (I.E. bites, furniture damage, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance or fines of pets with access to outdoors. Further, I am and will remain responsible for the actions of my animal(s) at all times and I hereby agree to indemnify and hold harmless Lindy Lou Pet Sitting of any and all claims of injury, expense, costs, or damages caused by the actions of my animal(s) while under Lindy Lou Pet Sitting's care. I have been told by Lindy Lou Pet Sitting and understand the inherent risks of owning an animal, including but not limited to the risk of dog and/or cat bites to myself or others. I recognize that Lindy Lou Pet Sitting is not responsible for any unintentional errors, omissions, or incorrect assertions.

I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

OWNER'S NAME (PLEASE PRINT): _____

OWNER'S SIGNATURE: _____ DATE: _____