~~~ OVERNIGHT PET/HOUSE SITTING FORM ~~~~

CLIENT INFORMATION:			
Client(s):			
Address: Zip:			
Home: Cell: Work:			
Additional phone numbers:			
Email Address(s):			
Emergency info:			
DET INFO			
PET INFO			
MORNING ROUTINE FOR PETS (if different than info on pet profile)			
☐ Feeding:			
☐ Outdoors - indicate where and for how long:			
Other:			
PRE BEDTIME ROUTINE FOR PETS			
☐ Snacks - type and quantity:			
☐ Outdoors - indicate where and for how long:			
Other:			
SLEEP ROUTINE			
Please indicate where pets sleep at night (check all that apply)			
☐ Confined to crate at night – Location of crate:			
☐ Confined at night (other than crate) – Location:			
☐ Pets sleeps in bed with family members			
☐ Pets sleep outside			
Other:			
PET INFORMATION			
Are pets allowed on furniture? YES NO			
If yes, please indicate any restrictions:			
Do pets have access to outdoors? YES NO			
If not, please indicate if extra visits are necessary:			

НОМЕ	E INSTRUCTIONS		
	Alarm:		
	Indoor lighting – please specify:		
	Outdoor lighting – please specify:		
	Washer/Dryer – locations/instructions:		
	Dishwasher –instructions:		
	Window coverings:		
	Thermostat settings:		
	Plant and/or lawn instructions (if applicable):		
Other:			
ARRA	NGEMENTS FOR PET SITTER		
	Location of bed:		
	Linens – location and specific items:		
Please indicate the items your pet sitter may use:			
	Television – location/instructions:		
	Refrigerator – specify:		
	Swimming pool		
	Computer (for web email access):		
	Telephone (excluding long distance)		
Otl	her:		
OTHE	R		
Please let us know if there is anything we should know about your home or pets that we should be aware of when doing an overnight stay in your home.			
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Date