

**BOWWOW/ROVER HOME PET CARE**

**BOARDING/DAYCARE**

NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_ SERVICE \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

DATES: \_\_\_\_\_ IF SAME EVERY WEEK, WHICH DAYS AND TIMES: \_\_\_\_\_

IF DAYS VARY, CONTRACT CONTINUES INITIAL: \_\_\_\_\_ ENDS: \_\_\_\_\_ INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT'S BEST PHONE NUMBER: \_\_\_\_\_ CLIENT'S BEST EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

VET CLINIC/PHONE/ADDRESS: \_\_\_\_\_

EMERGENCY VET/PHONE/ADDRESS: \_\_\_\_\_

EXTREME WEATHER PROCEDURE: \_\_\_\_\_

**PET INFORMATION (IF MORE PETS, PLEASE CHECK BOX AND LIST ON THE BACK): \_\_\_\_\_**

**PET ONE** - NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SPECIES/BREED: \_\_\_\_\_

SPECIFIC CHARACTERISTS: \_\_\_\_\_ MALE/FEMALE ALTERED/UNALTERED

MEDS: \_\_\_\_\_ FEEDING: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_ BEHAVIOR CONCERNS: \_\_\_\_\_

SLEEPING ARRANGMENTS: \_\_\_\_\_ IF LEAVE WHERE DO I GO: \_\_\_\_\_

**PET TWO** - NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SPECIES/BREED: \_\_\_\_\_

SPECIFIC CHARACTERISTS: \_\_\_\_\_ MALE/FEMALE ALTERED/UNALTERED

MEDS: \_\_\_\_\_ FEEDING: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_ BEHAVIOR CONCERNS: \_\_\_\_\_

SLEEPING ARRANGMENTS: \_\_\_\_\_ IF LEAVE WHERE DO I GO: \_\_\_\_\_

**PET THREE** - NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SPECIES/BREED: \_\_\_\_\_

SPECIFIC CHARACTERISTS: \_\_\_\_\_ MALE/FEMALE ALTERED/UNALTERED

MEDS: \_\_\_\_\_ FEEDING: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_ BEHAVIOR CONCERNS: \_\_\_\_\_

SLEEPING ARRANGMENTS: \_\_\_\_\_ IF LEAVE WHERE DO I GO: \_\_\_\_\_

ANYONE HAVE ALLERGIES?: \_\_\_\_\_

PHOTO UPDATES?:      YES      NO

ALLOWED ON COUCH:              YES      NO

**FEES**

PER DAY OR PER NIGHT: \_\_\_\_\_ SIGN/DATE: \_\_\_\_\_

**TERMS**

1. THIS IS AN AGREEMENT TO PROVIDE PROFESSIONAL SERVICES IN A TRUSTWORTHY & RELIABLE MANNER
2. CLIENT & SITTER AGREES ON SERVICE(S) AND PAYMENT AS LISTED
3. THERE WILL BE A \$30 CHARGE FOR RETURNED CHECKS DUE IN 30 DAYS
4. **100%** PAID AT START DUE TO PEOPLE NOT PAYING FOR SERVICE, UNLESS DISCUSSED, RECEIPT AVAILABLE
5. CLIENT'S AGREE HOLIDAY RATES MAY CHANGE THIS CONTRACT RATE; RECEIPT AGREEMENT PROVIDED AS WELL AS A PRICE LIST
6. SITTER/OWNER ARE NOT HELD RESPONSIBLE FOR ACCIDENTS OR INJURIES
7. UPDATED COPY OF VACCINE RECORD ARE INCLUDED WITH CONTRACT

**COMMENTS/CONCERNS:**

---



---



---



---



---

**PERMISSION**

TO SHARE PHOTOS ON SOCIAL MEDIA SUCH AS FACEBOOK/INSTAGRAM/WEBSITE: \_\_\_\_\_

TO COMINGLE WITH OTHER FAMILY PET(S): \_\_\_\_\_

TO CRATE: \_\_\_\_\_

IN ANY UNFORTUNATE CASE OF DEATH WHILE IN MY CARE, WHAT ARRANGEMENTS WOULD YOU LIKE ME TO MAKE/TAKE:

---



---



---

CLIENT DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CLIENT VEHICLE INFO AND PLATE #: \_\_\_\_\_

SITTER (SIGN/DATE): \_\_\_\_\_

CLIENT (SIGN/DATE): \_\_\_\_\_