



Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone Number where you can be reached while away: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alarm: \_\_\_\_\_

Pet's Name \_\_\_\_\_ M/F \_\_\_\_\_ Colour/Breed \_\_\_\_\_ Age: \_\_\_\_\_ Micro/Tattoo \_\_\_\_\_

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Pet's Name \_\_\_\_\_ M/F \_\_\_\_\_ Colour/Breed \_\_\_\_\_ Age: \_\_\_\_\_ Micro/Tattoo \_\_\_\_\_

Date Owner Leaving: \_\_\_\_\_

Date Returning: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Dates required: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Number visits/day: \_\_\_\_\_

Type of food: \_\_\_\_\_ Food Stored: \_\_\_\_\_ How much: \_\_\_\_\_

Water: \_\_\_\_\_

Feeding instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caring of Plants/Mail: \_\_\_\_\_

Location of Garbage/Broom: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Waiver

If visits are not every day, the owner understands that in no way is Kits & Kats Sitting Service or its employees are held liable in the event the pet is injured or found distressed on the next scheduled visit.

Are all shots up to date: Yes/No \_\_\_\_\_ If no, the owner understands that in no way is Kits & Kats Sitting Service or its employees held liable in the event that a disease is transmitted to their pet.

Signature: \_\_\_\_\_