



SIT STAY SMILE PET SITTING

NEW CLIENT PACKET

Please have completed and returned prior to or on the first visit.

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Client Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Emergency Phone: _____ Cell Home Work

If going out of the country, how can we reach you? Phone Email Other

If other, please explain: _____

Important Contacts

Emergency Contact (besides yourself):

Name: _____

Primary Phone: _____ Cell Home Work

Neighbor:

Name: _____

Primary Phone: _____ Cell Home Work

Will pet care responsibilities be shared with anyone else not affiliated with SIT STAY SMILE Pet Sitting during your absence? Yes No

If yes,

Name: _____

Primary Phone: _____ Cell Home Work



Entrance Arrangements

How will we be entering your home?

Keys If yes,

How many keys will be provided? _____

Which locks/doors are they for? (example: back door, top lock only): _____

Would you like your key(s) kept permanently on file? Yes No

If no, how would you like your key(s) returned? (If you do not wish to keep a key on file, pick up and drop off arrangements will be considered an additional visit at a cost of \$20 * This does not apply to first time clients *)

Gate code House code Garage code If yes,

Code: _____ Company Name: _____

Code Name: _____ Phone: _____

Home Care

At no additional charge to you, please select any of the Home Care options you would like done in your absence.

Lights rotated

Draperies

TV/Stereo

Windows

Mail

Newspaper

Garbage/Recycling

Plants

Other

If you selected any of the above, please describe what you would like done in detail.



Home Care (Continued)

In the event of any "accidents" inside, how would you like the area cleaned?

Where are cleaning supplies located? _____

Yard Care

Location of pooper scooper? _____

Where would you like waste disposed? _____

Are there outdoor plants that need watering? Yes No If yes,

How often? _____

Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Species			
Breed			
Date of Birth			
Weight			
(cats only) Declawed			
Spayed/Neuter			
Town License#			
Microchip/Tattoo			
Color/Markings			
Temperament			
Medical Condition			

****Recent vaccine history for ALL pets must be attached or provided prior to first visit****



Feeding Instructions

First Pet (Name): _____

Feed alone/supervise Dispose of uneaten food Remove food after ___ minutes

Brand: _____ Wet Dry Both

Measure with: _____ Amount each feeding: _____

How many times a day: _____ What times: _____

Where to feed: _____

Second Pet (Name): _____

Feed alone/supervise Dispose of uneaten food Remove food after ___ minutes

Brand: _____ Wet Dry Both

Measure with: _____ Amount each feeding: _____

How many times a day: _____ What times: _____

Where to feed: _____

Third Pet (Name): _____

Feed alone/supervise Dispose of uneaten food Remove food after ___ minutes

Brand: _____ Wet Dry Both

Measure with: _____ Amount each feeding: _____

How many times a day: _____ What times: _____

Where to feed: _____



Medicating Instructions

First Pet (Name): _____

Name of medication: _____

Amount given: _____ Liquid Pill Capsule Powder

How many times a day: _____ What times: _____

Hide in: Treat Regular Food Table Food Pill Pocket

Other _____

Second Pet (Name): _____

Name of medication: _____

Amount given: _____ Liquid Pill Capsule Powder

How many times a day: _____ What times: _____

Hide in: Treat Regular Food Table Food Pill Pocket

Other _____

Third Pet (Name): _____

Name of medication: _____

Amount given: _____ Liquid Pill Capsule Powder

How many times a day: _____ What times: _____

Hide in: Treat Regular Food Table Food Pill Pocket

Other _____



Miscellaneous Pet Information

Water Instructions: Tap water Bottled Filtered

If yes to bottled or filtered, where is water kept? _____

Treat Instructions: _____

Favorite games, toys & activities: _____

Living Area: Indoors ONLY Outdoor ONLY Both indoor & outdoor

Invisible fence Secure fence Leash walks ONLY Uses weewee pads

Allowed on furniture Not allowed on furniture Crated when alone

Crated at all times Other: _____

Commands (Please list all commands pet(s) are familiar with): _____

Has pet(s) ever: Attacked someone Bit someone Attacked other animal

Injured self Escaped yard/harness/collar If yes, please describe in detail:



Veterinarian Release Form

First Pet (Name): _____

Medical Condition(s): _____

Medication(s): _____

Second Pet (Name): _____

Medical Condition(s): _____

Medication(s): _____

Third Pet (Name): _____

Medical Condition(s): _____

Medication(s): _____

If any of the above pets become ill or injured, I give SIT STAY SMILE Pet Sitting permission to have them treated by:

Veterinarian: _____

Address: _____

Phone: _____ Is this vet 24 hours? Yes No

Alternate Veterinary Office: _____

Address: _____

Phone: _____ Is this vet 24 hours? Yes No

Veterinarian Release Form (Continued)

Preferred Emergency Veterinary Hospital (If your primary vet is not 24 hours):

Name: _____

Address: _____

Phone: _____

**I give permission to SIT STAY SMILE Pet Sitting to approve treatment up to \$ _____.
I will assume full responsibility upon my return for payment/reimbursement for veterinary services rendered up to the above stated amount.**

If none of the veterinary offices listed above are available, I authorize SIT STAY SMILE Pet Sitting to take my pet(s) to another veterinary office for treatment. I understand that SIT STAY SMILE Pet Sitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

Payment Options

Payment for pet sitting services are due prior to or on the first visit. Cash and checks are accepted.

This agreement is valid starting on the date below, and throughout all the times SIT. STAY. SMILE. Pet sitting cares for my pets:

Owners Name (print): _____

Owners Signature: _____ Date: _____