



# Dan's Dog Walking and Pet Sitting

## PLEASE FILL OUT ALL INFO

### Pet Care Information Form

Client Name: \_\_\_\_\_  
Pet Name(s) and Breed: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Number: \_\_\_\_\_

### Veterinarian Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Does your pet take any medications or require any special vitamins or preventative treatments(ie Frontline)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please specify:

Medication: \_\_\_\_\_ Frequency \_\_\_\_\_

Medication: \_\_\_\_\_ Frequency \_\_\_\_\_

### For Dogs:

#### Walking

Frequency of Walks \_\_\_\_\_

Desired Walk Times(Actual times of visit may vary no more than an hour) \_\_\_\_\_

Extra Instructions: \_\_\_\_\_

**Does your dog have any aggression issues(This is not an issue for us we just need to know for our own safety)** \_\_\_\_\_

#### Feeding:

Frequency of Meals: \_\_\_\_\_

Type Of Food: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

### For Cats:

#### Litter Boxes

How Many? \_\_\_\_\_ Locations: \_\_\_\_\_

How many times per day do you want them cleaned: \_\_\_\_\_

#### Feeding

Frequency of feeding: \_\_\_\_\_ Times of Feeding \_\_\_\_\_

Types of Food \_\_\_\_\_

**Indoor/Outdoor Cats:** We prefer to keep the cat inside if you are going to be on vacation unless we are staying at the house otherwise we are not there as often as you are to let the cat in and out.

If you have any other pets, whether it is a fish, turtle, or any other little critter, in your home let us know we can help you care for them while you are away

Pet: \_\_\_\_\_

Instructions: \_\_\_\_\_

Please Also let us know if we need to take care of anything else in your home while you are away

**Mail:** \_\_\_\_\_

**Watering Plants:** \_\_\_\_\_

**Lights:** \_\_\_\_\_

**Trash:** \_\_\_\_\_

We now offer a **Kitchen Replenishment Service** for those of you who are going on vacation and do not want to come home to a milkless refrigerator.

Please provide us with a list of the food and drinks you would like us to pick up for you before you return home from your trip

Date of Return: \_\_\_\_\_

Grocery List: \_\_\_\_\_

We are now on [www.powerpetsitter.com](http://www.powerpetsitter.com) where you can schedule appointments and update all of your info allowing us to provide your pet with the best care possible. You can access your schedule and info by using your full name as your user name and password. Once you log in you can change the password if you would like.

**If for some reason your pet needs to be seen by a veterinarian there will be an extra charge of \$45.00 to bring your pet to the animal hospital of your choice**

**PLEASE NOTE: You are authorizing Daniel Reitman or Employees of Dan's Dog Walking and Pet Sitting to care for your pet(s) while you are away. In case of emergency you are authorizing Daniel Reitman or Employees of Dan's Dog Walking and Pet Sitting to administer medical treatment or arrangement for the administering of medical treatment to ensure the safety and well being of your pet(s) while in his care. You are also authorizing Daniel Reitman or Employees of Dan's Dog Walking and Pet Sitting to be on your property while you are away.**

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

Daniel Reitman  
www.danspetcare.com  
dcreitman@danspetcare.com  
(516) 551-1613  
Bonded and Insured  
Member of NAPPS and PSI