

Overnight Pet Sitting

Pet Parent Information

Main Contact: _____

Address: _____

Cell Phone #: _____

Email address (may be used to send invoices and confirmation of reservation or cancellation): _____

Best form of contact during business hours: _____

Emergency Contact/Back-up: _____

Cell Phone #: _____

Home Wi-Fi Password (to provide internet access to pet sitter during stay):

Logistics/Medication/House

Overnight Schedule (depart/return dates/daytime visits/special instructions)

Will your pet(s) require medication during this time? _____

What condition is your pet being treated for? _____

Type of medication, dosage and directions for administering medication: _____

Where would you like the pet(s) to sleep at night? _____

Are they allowed on the bed? _____

Where would you like the pet sitter to sleep? _____

Any rooms off limits to your pet(s) or pet sitter? _____

Where would you like the pet sitter to park? (e.g. driveway, street, garage, etc.) _____

Does the pet sitter have permission to use appliances and electronics? _____

If only certain items are available to the pet sitter, please specify. _____

Location of fuse box: _____

Location of main water shut off: _____

Will pet-care responsibility be shared with anyone else? Yes___ No___ If yes, please give name and phone number of other person and details of job sharing arrangement.

Please add any additional instructions here: _____

Cancellation Policy

- 8+ days – No charge
- 2 – 7 days – 25% of service due
- 48 hours or less – 50% of service due

exceptions may apply

Overnight Services include the following:

- Providing lots of attention/cuddles/petting/brushing
- Feeding and providing fresh water
- Administering medication, if needed
- 30 min. morning walk/play time
- 20-30 min. mid-day check-in/potty break/walk or play time
- 30 min. evening walk/play time
- 15 min. yard clean-up, weekly
- Bring in mail/newspaper
- Bring in/take out garbage & recycling bins
- Water house plants