



Client Agreement



Client Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Emergency Contact: _____ Emergency Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____

Veterinarian Information

Animal Hospital: _____

Preferred Doctor: _____ Phone number: _____

Address: _____

Emergency Animal Hospital: _____

Preferred Doctor: _____ Phone number: _____

Address: _____

Pet Information

Pet's Name: _____

Birthday: _____ Spayed or Neutered (Please Circle one)

Breed and Color: _____

Health issues? _____ Medications _____

Has your pet ever bitten anyone? _____

If yes, please explain: _____

What does your pet enjoy? _____

Feeding Instructions: _____



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Pet Information

Pet's Name: _____

Birthday: _____ Spayed or Neutered (Please Circle one)

Breed and Color: _____

Health issues? _____ Medications _____

Has your pet ever bitten anyone? _____

If yes, please explain: _____

What does your pet enjoy? _____

Feeding Instructions: _____

Pet Information

Pet's Name: _____

Birthday: _____ Spayed or Neutered (Please Circle one)

Breed and Color: _____

Health issues? _____ Medications _____

Has your pet ever bitten anyone? _____

If yes, please explain: _____

What does your pet enjoy? _____

Feeding Instructions: _____



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Please Read Carefully and Initial

_____ I agree to leave adequate food, treats, litter and any other consumables my pet(s) may need in my absence. If it is necessary to purchase additional food, there will be a 25.00 shopping charge added to the price of the food purchase.

_____ I understand JJ's Pet Sitting does NOT give cash refunds, but will issue credits for future visits/walks.

_____ If I cancel a walk/visit less with less than 24-hour notice, I understand I will NOT receive a credit for the canceled walk/visit.

_____ JJ's Pet Care can transport my pet, upon approval of destination.

_____ I acknowledge that payment is due upfront for all services.

_____ I verify my pet is up to date on all vaccines required by Prince William County.

If possible, please provide the most current Rabies certificate.

Signature

Date

