

MT's Welcome Waggin'

Schedule A

(addendum to Pet Sitting Service Contract)

Pet Profile form

Be very specific – one form per pet – Current pet photo to accompany form. Update once a year.

Client ID _____
(for office use)

Pet's Name _____ Circle one: Dog Cat Other – specify _____

Breed _____ Color/markings _____ Weight _____

Birth date _____ Adoption date _____ Gender: Female Male

Spayed/ Neutered? Yes No Microchipped? Yes No Collar with identification tags? Yes No

Collar color _____ Location of collar _____

Animal control license # _____ City _____

Circle one: Indoor only Outdoor only Both indoor/outdoor

Explanation/Restrictions: _____

Behavior

Pet's temperament: Circle one – Friendly Aloof Cautious Defensive Mean/aggressive

Does the pet have any behavioral idiosyncracies? _____

Has the pet had obedience training? Yes No If yes, what commands recognized? _____

Does the pet get along well with all other pets in the household? _____

Should the pet be separated from another pet when left alone? _____

Is the pet well socialized with other animals of its species? _____

To the best of your knowledge, has the pet ever bitten or acted aggressively toward a person/animal? Yes No

If yes, please explain: _____

Does the pet like to be brushed/combed? Yes No

Feeding

Location of food/treats _____ Feed in AM PM Both

Brand and type of food _____ Where purchased? _____

Wet or dry food and how much _____

Location of water bowl(s) _____ Circle type: Tap Filtered Bottled

Special food instructions _____

Does the pet tend to eat right away and completely? Yes No Is pet a fussy eater? Yes No

Does the pet get treats? What kind, how much, and how often? _____

Pet Profile form (continued)

Medicine

Medications/vitamins? Yes No If yes, please list medication/vitamin, amount, and frequency below:

Allergies? Yes No If yes, please explain _____

Exercise

What kind of regular exercise should the pet receive during the pet sitting period? _____

Location/explanation of the following:

Sleeping place _____ Favorite place to hide _____

Favorite activities _____ Favorite toys _____

Litter boxes _____ Litter supplies _____

Cleaning supplies _____ Special cleaning instructions? Explain: _____

Specify where to dispose of pet waste _____

Other instructions _____

I certify that all of the above information is true and accurate to the best of my knowledge and that I will notify MT's Welcome Waggin' of any changes to the above prior to the commencement of any service period.

Owner/Client's name (please print clearly) _____

Owner/Client's signature: _____ Date: _____

Attach Photo Here (update photo annually)

MT's Welcome Waggin'

Veterinary Release Form

Pet's name _____ Age ____ Description _____

If above named pet should become injured or ill, I authorize **MT's Welcome Waggin'** to take my pet to:

Veterinary Hospital name _____ Vet's name _____

Address _____ Business phone _____

Business hours _____

(Alternate or emergency)

Veterinary Hospital name _____

Address _____ Business phone _____

Known medical conditions _____

Date of last rabies vaccine _____

Comments/instructions _____

In the event my pet becomes ill while I'm away, I authorize **MT's Welcome Waggin'** to approve veterinary treatment up to the amount of \$_____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered.

I understand that **MT's Welcome Waggin'** assumes no responsibility for the actions and decisions of the veterinary staff or loss of my pet.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorizations each time **MT's Welcome Waggin'** cares for my pet.

Owner/Client's name (please print clearly) _____

Owner/Client's signature: _____ Date: _____

Pet Sitter's signature: _____ Date: _____