

Pet Care Instructions



Names of Pet(s):

Where to Find Us

Owner's Name:	
Home address:	
Home phone:	Cell phone:
Where we will be:	Date/time expected home:

Agree to receive text message updates about you pet Yes No

Home Instructions

Sitter entry door:	Key/Key info:
Alarm code	Alarm panel location:
Alarm instructions:	
Trash/recycling location:	Trash pickup day:
Cleaning supplies location/instructions:	
Fire extinguisher location:	Thermostat temperature:
TV/Wi-Fi instructions (only for overnights):	
Pet leash location:	Pet carrier location:
Yard details:	
Pet waste disposal details:	
Other house notes:	

Home Emergency Information

Information in case we arrive and find an issue

Police/Fire:	911
Gas company:	Phone:
Location of gas shut-off valve:	
Water company:	Phone:
Location of water shut-off valve:	
Electric company:	Phone:
Location of electrical breaker box:	
We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work. YES NO CALL US FIRST	
Signature:	

Pet Medical Emergency Information

Regular veterinarian (name and address):	Phone:
Emergency veterinary clinic (name and address):	Phone:
Neighbor or friend:	Phone:
We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care. YES NO CALL US FIRST	
Signature:	



And now on to the GOOD STUFF!

Pet 1 Information

Click image area to add a picture

Name/nickname:		Dog Cat Other	
Male	Female	Spayed/Neutered	
Age:			
Color/Markings:			
Microchip #:			
Allergies:			
Medication:			
Medical Issues:			
Vaccinations up to date: Yes No			
Feeding routine/instructions:			
Water: Tap		Filtered	Ice
Treats/visit:			
Walk routine:		Potty break routine:	
Hiding places:		Favorite toys/games:	
Like to be pet: Yes No Maybe		Sleep location:	
Shy	Energetic	Reactive	Anxious
Aloof	Playful	Sensitive	Skittish
Noise/Storm Issues	Dog Aggressive	Leash Aggressive	Other Animal Aggressive
Bites People	Bites Animals	Escaped Crate	Escaped Home
<p>Explain any behavior checked above, and/or any additional information about your pet's behavior, needs, and how we can best help keep him/her in a comfortable routine while you're away:</p>			

Pet 2 Information

Click image area to add a picture

Name/nickname:		Dog	Cat	Other
Male	Female	Spayed/Neutered		Age:
Color/Markings:				
Microchip #:				
Allergies:				
Medication:				
Medical Issues:				
Vaccinations up to date: Yes No				
Feeding routine/instructions:				
Water: Tap	Filtered			
Walk routine:		Potty break routine:		
Hiding places:		Favorite toys/games:		
Like to be pet: Yes No Maybe		Sleep location:		
Shy	Energetic	Reactive	Anxious	
Aloof	Playful	Sensitive	Skittish	
Noise/Storm Issues	Dog Aggressive	Leash Aggressive	Other Animal Aggressive	
Bites People	Bites Animals	Escaped Crate	Escaped Home	
<p>Explain any behavior checked above, and/or any additional information about your pet's behavior, needs, and how we can best help keep him/her in a comfortable routine while you're away:</p>				

Pet 3 Information

Click image area to add a picture

Name/nickname:		Dog	Cat	Other
Male	Female	Spayed/Neutered		Age:
Color/Markings:				
Microchip #:				
Allergies:				
Medication:				
Medical Issues:				
Vaccinations up to date: Yes No				
Feeding routine/instructions:				
Water: Tap	Filtered			
Walk routine:		Potty break routine:		
Hiding places:		Favorite toys/games:		
Like to be pet: Yes No Maybe		Sleep location:		
Shy	Energetic	Reactive	Anxious	
Aloof	Playful	Sensitive	Skittish	
Noise/Storm Issues	Dog Aggressive	Leash Aggressive	Other Animal Aggressive	
Bites People	Bites Animals	Escaped Crate	Escaped Home	
<p>Explain any behavior checked above, and/or any additional information about your pet's behavior, needs, and how we can best help keep him/her in a comfortable routine while you're away:</p>				

Pet 4 Information

Click image area to add a picture

Name/nickname:		Dog	Cat	Other
Male	Female	Spayed/Neutered		Age:
Color/Markings:				
Microchip #:				
Allergies:				
Medication:				
Medical Issues:				
Vaccinations up to date: Yes No				
Feeding routine/instructions:				
Water: Tap	Filtered			
Walk routine:		Potty break routine:		
Hiding places:		Favorite toys/games:		
Like to be pet: Yes No Maybe		Sleep location:		
Shy	Energetic	Reactive	Anxious	
Aloof	Playful	Sensitive	Skittish	
Noise/Storm Issues	Dog Aggressive	Leash Aggressive	Other Animal Aggressive	
Bites People	Bites Animals	Escaped Crate	Escaped Home	
<p>Explain any behavior checked above, and/or any additional information about your pet's behavior, needs, and how we can best help keep him/her in a comfortable routine while you're away:</p>				


Fee Schedule

Start date and time:			
Requested visit time(s):			
End date and time:			
	\$/Visit	# Visits	Subtotal
Drop In Visits			
Extended Service Area Drop In Visits			
Walks/playtime/extended visit			
Extended service area & visit			
Overnight within service area			
Estimated Total Due:			

Additional pets may incur additional fee per visit.

Holiday fee of \$10 per day for all major holidays.

Payment Options

<p>Cash Check: payable to Marianne Bond Venmo*: Email: bondpetservice@outlook.com User Name: @MarianneK-Bond (verify with phone number *0456) Paypal*: bondmknc@hotmail.com *Processing fees may apply Credit cards are not accepted at this time</p>	 venmo
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How Did You Hear About Loving Bond Pet Service?

Facebook Google NextDoor Referral Other

Detail:

May we post photos of your pets on our social media? Yes No

(We always keep owner identity and location private).