



BARKLEY'S BEST SITTING & DOG WALKING

PET CARE AGREEMENT FOR IN-HOME PET VISITS & DOG WALKING SERVICE

Pet's Name(s) _____

Home Phone _____

Your Name _____

Work Phone _____

Partner _____

Cell Phone _____

Address _____

Partner Work Phone _____

Partner Cell Phone _____

Email _____

Emergency Contacts

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of emergency.

Name _____ Relation _____

Phone _____ Key Y/N

Should I be expecting anyone at your home or in your home during your absence? Y/N

If yes, Who? _____

Veterinary Information

Name of Clinic/Doctor _____

Address _____

Phone _____

INITIAL HERE X _____