



16914 Taft CT
(704) 609-9410

www.CritterSittersLkn.com

Pet Profile

***Please fill in one for each pet

Pet Name _____ Dog / Cat / Other: _____

Age/Birthday: _____

Male / Female

Spayed/Neutered: Y / N

Breed: _____

Tags: Y / N

Microchipped: Y / N

Feeding Instructions (amount, times of day, etc.)

Favorite toys / games

Treats

Food Allergies / Restricted foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency)

Has your pet ever been aggressive to anyone in the past?

Exercise Instructions (walk frequency or play in yard?)

Restricted Access (Rooms or Furniture)

Will your pet be crated at any point during our service?
When? _____

This Pet Loves to: _____
Hates to: _____

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc)

I do hereby waive and release Critter Sitters of Lake Norman from any and all liabilities of any nature for the actions of myself, my pets, or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of Critter Sitters of Lake Norman. Critter Sitters of Lake Norman agrees to provide all services in a kind, reliable, and trustworthy manner. Client agrees to notify Critter Sitters of Lake Norman of any concerns within 24 hours of their return.

In the case of an emergency, inclement weather, or a natural disaster I authorize Critter Sitters of Lake Norman to use their reasonable judgment for the care and well being of my pets and/or house.

I understand that Critter Sitters of Lake Norman can terminate this contract if my pet becomes a threat to the safety or health of Critter Sitters of Lake Norman due to aggressive behavior. I entrust Critter Sitters of Lake Norman to contact me in any and all cases if this threat should arise.

I acknowledge that I am responsible for medical expenses and damages resulting from an injury to a pet sitter, or other persons, caused by my pet. In the case that Critter Sitters of Lake Norman cannot reach me, I authorize Critter Sitters of Lake Norman to place my pets in a licensed kennel with all charges arising there from to be paid by myself. Critter Sitters of Lake Norman reserves the right to refuse service to any client, at any time, for any reason.

I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed above I will inform Critter Sitters of Lake Norman before the next service is scheduled to begin. This signed document gives Critter Sitters of Lake Norman (and their representatives) authorization to enter the above listed address as needed to perform the necessary care as outlined in this contract. I authorize this contract to be valid approval for services so as to permit Critter Sitters of Lake Norman to accept all future telephone, online, mail or email reservations and enter my home without additional signed contracts or written authorizations.

X _____
Sign Name

X _____
Print Name

_____/_____/_____
Date

Please make a copy of this contract for your records.
Critter Sitters of Lake Norman will obtain and review this original at the Pre-Service Visit.

Questions? Please call: **(704) 609-9410** or email info@crittersitterslkn.com