



WAGGERS PET SITTING SERVICE AGREEMENT PART 1

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

One of the contacts below needs to be local in cases of overseas travel:

Alternative contact: _____

Emergency Contact: _____

Start Pet Service: _____ End Pet Service: _____

Name and Description of pet 1:

Name and Description of Pet 2:

Has your pet/s ever bitten someone or is he/she overly aggressive? (Please explain)

Pet Medical Concerns: _____

Vaccination(s) Date Given: _____

Flea/Tick Treatment Date: _____

Veterinarian Name and Address: _____
_____ Phone: _____

Would you like us to provide the following services while we are in your home? (Please Circle)

Bring in Mail/Packages: Y/N Plants Watered: Y/N Blinds Rotated: Y/N Take out Trash: Y/N

Revised 03/18