



Madeline, Paws and Claws Sitter  
 Dogs, Cats, Birds, Small Animals  
 Bonded, Insured, Certified Member of  
 National Association of Professional Pet Sitters  
 215-288-7753 (h); 215-704-2623 (c)  
 madeline@pawsandclawssitter.com  
 www.pawsandclawssitter.com

**SERVICE AGREEMENT**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #s: Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Bus.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Vacation departure date \_\_\_\_\_ Vacation return date \_\_\_\_\_  
 Or, Ongoing visits: \_\_\_\_\_ Daily visits: Day[s] \_\_\_\_\_ Time[s] \_\_\_\_\_  
 Way to reach client in case of an emergency \_\_\_\_\_  
 Who else has keys & phone # \_\_\_\_\_

**PET INFORMATION:**

Name	Age	Breed	Sex	Medications	Habits/Traits

**Location of**

Food: \_\_\_\_\_  
 Water: \_\_\_\_\_  
 Treats: \_\_\_\_\_  
 Litter/Waste Bags/Dust Pan&Brush: \_\_\_\_\_ Trash Day? \_\_\_\_\_  
 Leash/Carrier: \_\_\_\_\_  
 Anything else: \_\_\_\_\_

**Veterinarian Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 May I take your pet[s] to another vet if I cannot reach your doctor? Yes [ ] No [ ]  
 Client's initials please: \_\_\_\_\_

**Additional Services:**

Bringing in mail &/or newspaper: \_\_\_\_\_  
 Rotating lights &/or shades: \_\_\_\_\_  
 Water plants: \_\_\_\_\_ How often: \_\_\_\_\_  
 Alarm Code: \_\_\_\_\_  
 # keys \_\_\_\_\_ How should keys be returned? \_\_\_\_\_ Or, I keep keys. \_\_\_\_\_ Client's initials please. \_\_\_\_\_  
 (If I need to pick up keys, you will be charged for a visit.)  
 May I take photos of pet[s] for website? \_\_\_\_\_ Client's initials please. \_\_\_\_\_

How did you hear about **Madeline, Paws and Claws Sitter**?

Rate for services: \_\_\_\_\_  
 (Payment is due at 1<sup>st</sup> visit either cash or check made out to Madeline Irwin. Check may be dated the day after the last visit.)

Date: \_\_\_\_\_  
 Signature of Sitter: \_\_\_\_\_  
 Signature of Client: \_\_\_\_\_