



KCS Referral Pet-Sitting - New Client Form

Your Name _____ Best Phone # _____

Street _____ City _____ Zip _____

Alt Phone # _____ Email _____

Spouse/Partner's Name _____ Their Phone #/Email _____

I prefer my kitty updates via: ☐ Text ☐ Email ☐ Either/Both

Your Vet _____ Vet Phone # _____

If you cannot be reached, please provide emergency contacts who can decide on a kitty emergency (what to spend, what to do – be sure this person knows your wishes). **Please do not list yourself or anyone traveling with you. Please list at least TWO easily reached, responsible people, who you trust.**

Names: _____ Numbers _____

Names: _____ Numbers _____

<u>Kitty Name</u>	<u>Breed</u>	<u>Color/Markings</u>	<u>Age</u>	<u>Sex</u>	<u>Fixed?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical Conditions? (inc. anything sitter might notice so they don't alert you to something already known) **Please note: all medications must be disclosed and agreed upon in advance.**

Do you have an alarm? ☐ Y ☐ N

Do you have cleaners who have access to your home? ☐ Y ☐ N

Does anyone else have access to your house while kitties are under our care? ☐ Y ☐ N

If yes, please explain:

Feeding Instructions – Include all food for the day. Please list cat's name, exact quantity of food, and any special instructions (**example, Fluffy gets 1.5 cups dry per day, 5 fish treats, and prefers his food on a flat plate. Bella gets 1 can wet and 5 treats per day**)

Medications - Include cats name, name of medication, dosage, and how you normally administer

Special Loves - (belly rubs, chasing a ball, etc)

Additional Instructions - as they relate to your home (alarm, mail, etc.)

THIS AREA MUST BE FILLED OUT & SIGNED BY ALL CUSTOMERS:

I understand KCS sitters are referred and KCS is not responsible for sitters, nor does KCS insure homes/sitting/sitters. I approve use of this card for each 35% non-refundable deposit, as well as balance due, including any/all unforeseen expenses associated with my pet's care. In the event of concern, KCS and/or sitters may seek veterinarian care and will be reimbursed for any/all expenses including additional time spent caring for cat/s. This card & any others called in/swiped may be used both now and in the future when future sitting is booked. I agree to the KCS sitting system & rate quoted.

AGREED:

Owner Signature (or type full name here)

Date

If you prefer, you may call your card details in, but you still must sign above. Sit is not confirmed until credit card information is submitted.

Select one:

☐

Visa

☐

Master Card

☐

Diner's Club

(Debit Cards OK)

Card Number:

Card Expiration:

3 Digit Code:

*Please fax, email or drop into our front door slot. Include a detailed itinerary with any hotel contacts, etc.
A reminder your sitter will need TWO sets of pre-tested keys at the Introductory Visit.*

2/20