



Autumn's Bed & Biscuit

Pet Sitting Services

Pet Owner(s) _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Cell # _____
Email Address _____ Emergency # _____
Veterinarian Address & Phone # _____

Veterinarian Release

* If my pet has an injury, an illness, or for any reason needs medical attention while under the care of Autumn's Bed & Biscuit Pet Sitting Services, I authorize Glenda Gable or her family members to seek medical attention at my regular veterinarian office or the nearest vet's office open.

* I authorize payment up to \$ _____ if I cannot be reached. I will assume full responsibility, upon my return, for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

* If there is a situation with my pet in which I cannot be reached for a life or death decision, these are my wishes:

Signed _____ Date _____

Services Provided:

Pet care dates at MY home _____

Price per day \$ _____ X _____ # of days = \$ _____ TOTAL DUE

Pet care dates at YOUR home _____

\$ _____ per visit X _____ # of visits = \$ _____ TOTAL DUE

PET OWNERS SIGNATURE _____

DATE _____ How did you hear of my service? _____

If your pet is staying in my home PLEASE INITIAL: _____ I understand that any pet not picked up within 10 days of expected return (without contact for extended arrangements and payment) will be considered ABANDONED and can be turned over to Animal Control per Florida Statute 705.19.



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Pet care in YOUR home

If I am caring for your pet(s) in your home:

Please provide me with 1 key inside of a lockbox hanging on your door. I can purchase the lockbox in advance, and you can reimburse me for the box and give me the code. Or you can purchase a lockbox on Amazon yourself. The lockbox is yours to keep.

Does anyone else have keys or codes to enter your house? _____

Which door and lock does it open? _____

Alarm instructions? _____

Number of visits per day? _____ Approximate time of day: _____

Do you want me to: rotate lights, open/close blinds, collect mail, bring in newspapers, turn on/off radio or TV, or water plants?

Cage or litterbox instructions:

Yard clean-up instructions:

Clean-up instructions for accidents in the house:

Where are pet food and bowls stored?

What type of water do you give your pet(s)? tap / special filtered / bottled _____

Any other instructions:

INITIAL _____ I Understand that Glenda and Autumn's Bed & Biscuit Pet Sitting Services cannot be held responsible for damages my pet may cause while unattended._

PET OWNERS SIGNATURE _____ DATE _____