



**CENTRAL OREGON PET CARE PROS CUSTOM CARE PET CONTRACT**

Contact Phone: 541.480.3596  
www.centraloregonpetcarepros.com

60967 Amethyst Street, Bend Oregon, 97702

**Client Information**

Name: \_\_\_\_\_

Spouse/Other : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ (Local)

Emergency Contact: \_\_\_\_\_ (Backup)

How Did you hear about us: \_\_\_\_\_

**House Information**

Gate Code: \_\_\_\_\_

Disarm Alarm: \_\_\_\_\_ Arm Alarm: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Alarm Company Phone : \_\_\_\_\_

Alarm Location: \_\_\_\_\_ Alarm Code: \_\_\_\_\_

Trash Day: \_\_\_\_\_ Trash Location: \_\_\_\_\_

Breaker Box Location: \_\_\_\_\_ Water Shutoff Location: \_\_\_\_\_

Thermostat: \_\_\_\_\_ Cleaning Supplies: \_\_\_\_\_

We give you permission to authorize emergency work if necessary to prevent damage and client will be responsible for full payment of such work deemed necessary.

**Client Signature:** \_\_\_\_\_

**Veterinary Information** Please leave credit card information at the vet's for billing purpose in case of emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_

**Pet Medical Emergency Information**

We the client give you CENTRAL OREGON PET CARE PROS, permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian of our choice. We the client will be responsible for full payment of such care.

**Pet Care Instructions**

*For multiple pets please make additional copies of this form*

**Please tell us about each individual pet**

Pet Name: \_\_\_\_\_ Length of Time Owned: \_\_\_\_\_

Pet Type/ Breed: \_\_\_\_\_ Sex: M / F Neutered: Y / N Declawed: Y / N

Physical Description: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthday: \_\_\_\_\_ Aggressive or Aversions to anything Y/N explain \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Please tell us about your Feeding Instructions:**

Feed apart from other pets  Dispose of uneaten food  Remove food after \_\_\_ minutes

Treats: Amt, Location Brand am/pm	Directions:
Dry Food: Amount, Measure with, Where to feed am/pm	Directions:
Wet Food: Amount, Measure with, Where to feed am/pm	Directions:
Medications: Amount, Location of am/pm	Directions:
Medications: Amount, Location of am/pm	Directions:

**Pets Living Area:** Please check those items that apply to your situation

Not Allowed outdoors at all  Only Allowed outdoors on Leash  Not Allowed Indoors

Turn out, invisible fenced yard with collar  Turn out, secured fenced area

Allowed on furniture  Crate pet when alone  Restrict pet at all times

Restricted Area/ Crate Location: \_\_\_\_\_

**Other Arrangements:**

Change Lighting	
Water Plants	
Clean Litter Box	
Put out the trash	

Mail / Location	
Walk the dog	

**Pet Owner acknowledges that CENTRAL OREGON PET CARE PROS is entitled to, and will rely on the information and directions provided in this document. A copy of this document will be attached to and become a part of the Pet Owners service contract with CENTRAL OREGON PET CARE PROS.**

**Client Signature:** \_\_\_\_\_