



## 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.

Client signature: \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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	

**Please leave signed copy for pet sitter**

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