

**Warwick Wags Client Profile**

Client (and Spouse) Name:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Other \_\_\_\_\_

E-mail \_\_\_\_\_

Would you like a daily text update while you are away? Y N

Do you own or rent your home? \_\_\_ Own \_\_\_ Rent

If renting, landlord's name and telephone # (in the event of emergency)

Emergency Contact Relationship & Telephone

Key ? \_\_\_ Yes \_\_\_ No

Will anyone else have access to your property during your absence (housekeeper, gardener, pest control, relative or friends)?

Location of Main water turn off

Location of electrical panel box

Any other emergency measures?

Location of pet food / treats / can opener:

Location of cleaning supplies, extra paper towels:

Location of vacuum/broom/mop:

Towels to dry off pet/muddy feet in case of rain:

Are there any doors or windows that should remain unlocked?

Do you have a security system (burglar alarm, gated entry, etc)?

\_\_\_ Yes \_\_\_ No

Please advise Security Company you are using our service You may need to set up a separate password for me. If Yes,

Entry Code: \_\_\_\_\_ Exit Code: \_\_\_\_\_ Password: \_\_\_\_\_

Miscellaneous Instructions:

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KEYS: \_\_\_ Keep for future visits \_\_\_ Return

Please notify us upon your return from vacation to assure that you have not been delayed.

### SERVICE AGREEMENT

Terms of Agreement for Vacation Care (all future dates can be verbally agreed upon)

Your charge rate/visit: \_\_\_\_\_

Date of 1st scheduled visit: \_\_\_\_\_ # of visits per day  
needed: \_\_\_\_\_ Date of last scheduled visit: \_\_\_\_\_

Terms of Agreement for Daily Dog Walk Services

\_\_\_\_\_ 5 day schedule (Mon-Fri)

\_\_\_\_\_ 1-5 days per week (varying days) # of days: \_\_\_\_\_

\_\_\_\_\_ 1-5 days per week (regularly scheduled) # of days: \_\_\_\_\_ M T W Th F

It is preferred that the client and Warwick Wags Pet Sitting Service contact one another a few days prior to the scheduled service

I accept cash, Venmo and checks (checks are made payable to "Warwick Wags").

An additional fee of \$30 will be charged for returned checks.

. This will be recommended for all future scheduled visits also. This will prevent any misunderstandings as to when service begins, ends and # of visits needed.

The following agreement shall remain valid for future service. If policies or fees should change, notification will be given prior to next scheduled service. The parties hereto agree as follows:

This Service Agreement is just that, an agreement to provide services by "Warwick Wags" and an agreement for payment from the pet owner. I am fully Insured through Alternative Balance.

A late charge of \$20 per month may be added if payment is not received within 30 days of completion of service.

By signing below, I have agreed that all information is correct and I agree to Warwick Wags Policies (provided as a separate form) and this Service Agreement.

Clients name: \_\_\_\_\_

Clients Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This signed document is authorization to enter the above address for the purpose of pet care.