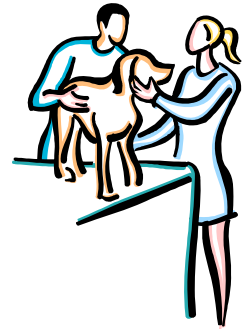


VETERINARY INSTRUCTIONS AND RELEASE FORM

Diane Bittiker: 408-482-9206 (cell); 408-353-2671 (home); dianebittiker@gmail.com

24220 Summit Woods Drive, Los Gatos, California, 95033



Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

Pet's Name:
Description:
Age: Sex: M or F
Medical conditions/medication:

If any of the pets require medical attention, I request that Diane Bittiker take the pets to:

Veterinary Office Name:
Address:
Phone Number:

Alternate Veterinary Office Name:
Address:
Phone Number:

I give permission to Diane Bittiker to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. If neither of the veterinary offices named above is available, I authorize Diane Bittiker to take my pet/s to another veterinary office for treatment. I understand that Diane Bittiker cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on the date below whenever Diane Bittiker cares for my pets:

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____

PET SITTING ASSIGNMENT INFORMATION

Diane Bittiker: 408-482-9206 (cell); 408-353-2671 (home); dianebittiker@gmail.com

24220 Summit Woods Drive, Los Gatos, California, 95033



Name/s: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Email: _____

Emergency Contact: _____

Home Security Information: _____

Dates of first and last visits: _____

Number of visits per day: _____

Total number of visits: _____

Additional duties: (Bring in mail/papers, water plants, put out trash cans/recycling, etc.):

I have requested that Diane Bittiker take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$ 25.00

Payment is due upon completion of the pet sitting.

Owner's Signature: _____ **Date:** _____

CAT INFORMATION SHEET

Client's Name: _____

Cat's Name: _____

Age: _____ Sex: M or F Neutered/Spayed: _____ Breed: _____

Feeding/Medication Instructions:



Is your cat allowed outdoors? YES / NO

Declawed? YES / NO

Tries to escape? YES / NO

Prone to hairballs? YES / NO

Skittish with strangers? YES / NO

Uses the litter box reliably? YES / NO

Likes to be held? YES / NO

Has the cat bitten anyone? YES / NO

Other signs of aggression? YES / NO

Does your cat have favorite hiding places and what will bring your cat out of hiding?

If your cat has an "accident" in the house, where are the cleaning supplies located?

Please indicate anything else about your cat that would be useful in providing care:

DOG INFORMATION SHEET

Client's Name: _____

Dog's Name: _____

Age: _____ Sex: M or F Neutered/Spayed: _____ Breed: _____



Feeding/Medication Instructions:

Is friendly with other dogs? YES / NO

Likes new adults? YES / NO

Likes children? YES / NO

Must stay on leash during walks? YES / NO

Requires a special harness or choke collar for walks? YES / NO

Is allowed in the house? YES / NO

Is allowed to have treats? YES / NO

Is prone to digging? YES / NO

Is prone to chewing? YES / NO

Obeys basic commands? YES / NO

Has bitten people or other dogs? YES / NO

Has shown other aggression? YES / NO

If your dog has an "accident" in the house, where are the cleaning supplies located?

Please indicate anything else about your dog that would be useful in providing care:

