

**CRITTER SITTER**  
OF ATLANTIC COUNTY, LLC



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Please print clearly in blue or black ink.  
Fill in all applicable fields to the best of your knowledge

Your Name \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone Work (Spouse/Partner) \_\_\_\_\_

Phone Work (Self) \_\_\_\_\_ Phone Cell (Spouse/Partner) \_\_\_\_\_

Phone Cell (Self) \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you find us? \_\_\_\_\_

Trip Info. (Hotel, Address, Tele.) \_\_\_\_\_

**EMERGENCY CONTACT(S)**

They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Key Y/N

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Key Y/N

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Key Y/N

Should we be expecting anyone in your home during your absence? Y/N

If yes, Who? \_\_\_\_\_

After service ends how would you like your key returned? Circle preferred method:

1) Deliver in person (\$5.00)      2) Leave hidden OUTSIDE of house (\*\*Please do not write where on this contract)

**HOME SECURITY**

Will Alarm be set? Y/N

Alarm System Panel(s) Location \_\_\_\_\_

Alarm Company \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\*Do not write alarm code on this contract. We will discuss the alarm use at the pre-service meeting. We suggest you use a temporary house alarm code of our choosing that way the code does NOT have to be written down.

Trash Cans? Y/N (If Yes, specify pick up day) \_\_\_\_\_

Alter Lights/Blinds? Y/N \_\_\_\_\_

Turn On TV/Radio? Y/N \_\_\_\_\_

Mail/Newspaper? N/Y \_\_\_\_\_

Indoor/Outdoor plant watering? Y/N \_\_\_\_\_

\_\_\_\_\_

Please provide watering directions. (Extensive plant watering may incur an extra charge)

**PET PROFILE:**

\*\* Please provide a pet profile for each individual pet.

Pet Name \_\_\_\_\_ Dog/Cat/Other \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Male/Female Spayed/Neutered Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Distinguishing Features \_\_\_\_\_ Collar Color \_\_\_\_\_ Tags Y/N Micro Chipped Y/N

Date of last vaccinations (rabies, distemper etc.) \_\_\_\_\_

Feeding Instructions (amount, times of day etc.) \_\_\_\_\_

What brand(s) and/or type of food do you use? \_\_\_\_\_

Treats/Food Toy (Kong) \_\_\_\_\_

Food Allergies/Restricted Foods \_\_\_\_\_

Major Medical Conditions (Past and/or Present) \_\_\_\_\_

Medication(s) (Name, Dosage, Frequency, Where is bought?) \_\_\_\_\_

Has your pet ever been aggressive towards anyone in the past? \_\_\_\_\_

Does your dog get along with other dogs? \_\_\_\_\_

Walking Instructions \_\_\_\_\_

Commands/Tricks your pet knows \_\_\_\_\_

Restricted Areas (rooms, furniture) \_\_\_\_\_

Will your pet be crated at any time during our service? \_\_\_\_\_

This pet loves to: \_\_\_\_\_

This pet hates to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special handling (special quirks, deaf, blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears, phobias etc.) \_\_\_\_\_

Other \_\_\_\_\_

