



Home Contact Information:

Date: _____

Owner

Name: _____

Street: _____

City _____

State: _____

Zip: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email: _____

Emergency Contact Information

The following individuals may give a veterinarian consent for emergency treatment of any of my cats if I am unavailable.

Name: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Name: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Name: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Vet Contact Information:

Name: _____

Phone: _____

Address: _____

Cat Owner(s): _____

Signature: _____

Date: _____



Cat Owner,

Please fill out a Cat ID for each cat so I have a record of their identification, health, and behavior.

Cat #1 Identification:

Cat Name: _____ Age: _____ Sex: _____
 Color / Markings: _____ Spayed / neutered? Y/N: _____
 Health Issues / Medications: _____

Cat #2 Identification:

Cat Name: _____ Age: _____ Sex: _____
 Color / Markings: _____ Spayed / neutered? Y/N: _____
 Health Issues / Medications: _____

General Habits:

Does your cat go outdoors? _____
 What is your cat's favorite playtime activities? _____

Towels

Where are your cat-drying towels and cleaning materials? _____

Interaction with others:

Are there any animals or people the cat should stay away from? _____
 How does s/he react to strangers? _____
 Has s/he ever attacked anyone? _____

Details

Do you use a liner in the litter box? If so, where do you keep them? _____
 Where do you keep the litter? _____
 Where do you dispose of used litter? _____
 How often do you change the litter? _____
 How often do you scoop the litter? _____



Food/Water

Do you feed your cat dry food? Y/N? _____

If so, how much? _____

Do you feed your cat wet food? Y/N? _____

If so, how much? _____

Where do you keep the food? _____

Where do you feed your cat? _____

How many times a day is your cat to be fed and
at what times? _____

Do you give your cat tap water or filtered
water? _____

Do you give your cat treats? How many? Where
do you keep them? _____

Other

Is there any other information about your cat that would be helpful for me to know?

Vaccinations?
If any, please provide.



Please fill out these details about your home so I know how to care for it in your absence. I will *not* answer the telephone while in your home, but I will answer the door.

Other people in your home

Who else has access to your home (maid, relatives, neighbors)? _____

Who may be in the home while service is being provided? _____

Who else has a key? Please list phone numbers and/or addresses of these people.

Security Systems

Do you have an alarm system? _____

Where is it located? _____

How is it activated/deactivated? _____

If applicable, what is your GATE code? _____

Key Release

I authorize the representative, Elaine Lacourse, Cat Services, to use my house key(s) during the time she will be caring for my cats. If Elaine does not keep my keys on file, there may be a charge of \$5 to pick up and return them to me.

- Please return my keys after I return. _____
- Please keep my keys for future visits until further notice.



Conditions

In the event of personal emergency or illness of Elaine Lacourse, Client authorizes her to arrange for another qualified person to fulfill responsibilities as set forth in this contract. Client will be notified in such a case.

All companion animals are to be currently vaccinated. Should Elaine Lacourse (victim) be bitten or otherwise exposed to any disease or ailment received from Client's animal which has not been properly and currently vaccinated, it will be the client's responsibility to pay all cost and damages incurred by the victim.

Client authorizes this signed contract to be valid approval for future services for any purpose provided by this contract permitting Elaine Lacourse to accept telephone reservations for service and enter premises without additional signed contracts or written authorization

In the event that Elaine or her representative is injured or her vehicle is damaged by my cat while she is caring for or transporting my cat, I will be responsible for all costs.

Please remember to call or email upon your return from your trip. Otherwise, I will need to continue visiting to assure the safety and well-being of your companion animal. Additional trips will be added to your bill. Please call at ANY hour and leave a voice message that you have returned. If an additional sit is rendered, you will be invoiced.

UNSECURED COMPANION ANIMALS- Elaine Lacourse will not be held liable for **free-roaming** outdoor companion animals (i.e. cats) in the event of illness, injury, loss or death. It is strongly advised that all companion animals wear an ID tag with a contact number and that they remain inside the home or confined for their own safety and welfare in your absence. Elaine Lacourse will not be held liable for critters the outdoor cats bring into owners home.

SECURED AREAS- It is the companion animal owner's sole responsibility to companion animal-proof any areas of the home and/or property to which the companion animal has access. This includes thoroughly inspecting fences, gates, latches, doors and other devices meant to keep the companion animal inside of or away from any areas companion animal may be having access to. Elaine Lacourse does not assume and has no liability for any injuries the companion animal may sustain while in its own home/property.

I authorize Elaine Lacourse to take my companion animals to a veterinarian in case of emergency. In the event Elaine Lacourse is NOT able to reach you this decision will be the sole discretion of Elaine Lacourse, and will not require prior notification. Client agrees to reimburse Elaine Lacourse for any expenses or additional fees incurred for veterinary or emergency care. I have reviewed this Service Contract for accuracy and understand the contents of this form

Client Name (Please Print)_____

Client Name (Please Sign)_____ Date _____