

Pet Sitting Request

We cannot guarantee that one of our staff members will be available. We will contact you with availability.



Client Name: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

What sort of pet sitting are you looking for? (Please check one)

- Someone coming in and out of the home periodically throughout the day
- Someone staying at the home with the pet overnight
- The pet to stay within the home of pet sitter

How many pets do you have?

What kind of pets do you have?

Do any of your pets have special needs (medications, health issues, diet, etc)?

What date(s) are you looking to have your pet looked after?

****Pet sitting is provided by individuals working for Rosehill Veterinary Hospital, LLC and is dependent on their availability and willingness on their free time. Pet sitting is not a direct extension of Rosehill Veterinary Hospital, LLC.**

We are not liable for any incidents that may occur during the duration of stay.

I, _____ (print), understand that Rosehill Veterinary Hospital is not responsible for any accidents, illnesses, or complications that may occur during the period in which my pet is being watched.

Signature

Date

OFFICE USE ONLY

Date received:

SOMEBODY AVAILABLE: YES _____ NO _____

CLIENT CONTACTED: _____

STAFF MEMBER SITTING: _____