



Pet Care Form

Owner Information

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Phone: _____

Relation: _____

Pet Information (1)

Name: _____

Species: ☐ Dog ☐ Cat ☐ Other _____

Breed: _____

Age: _____ Weight: _____

Gender: ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Color/Markings: _____

Microchipped?: ☐ Yes ☐ No

Behavior & Personality (1)

Other Dogs: _____

New People: _____

Cat (for boarding purposes): _____

Separation Anxiety?: ☐ Yes ☐ No

Ever Bitten a Person or Pet? ☐ Yes ☐ No

Fears (thunder, fireworks, vacuum, etc): _____

Pet Information (2)

Name: _____

Species: ☐ Dog ☐ Cat ☐ Other _____

Breed: _____

Age: _____ Weight: _____

Gender: ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Color/Markings: _____

Microchipped?: ☐ Yes ☐ No

Behavior & Personality (2)

Other Dogs: _____

New People: _____

Cat (for boarding purposes): _____

Separation Anxiety?: ☐ Yes ☐ No

Ever Bitten a Person or Pet? ☐ Yes ☐ No

Fears (thunder, fireworks, vacuum, etc): _____

Pet Information (3)

Name: _____

Species: ☐ Dog ☐ Cat ☐ Other _____

Breed: _____

Age: _____ Weight: _____

Gender: ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Color/Markings: _____

Microchipped?: ☐ Yes ☐ No

Behavior & Personality (3)

Other Dogs: _____

New People: _____

Cat (for boarding purposes): _____

Separation Anxiety?: ☐ Yes ☐ No

Ever Bitten a Person or Pet? ☐ Yes ☐ No

Fears (thunder, fireworks, vacuum, etc): _____

Pet Information (4)

Name: _____

Species: ☐ Dog ☐ Cat ☐ Other _____

Breed: _____

Age: _____ Weight: _____

Gender: ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Color/Markings: _____

Microchipped?: ☐ Yes ☐ No

Behavior & Personality (4)

Other Dogs: _____

New People: _____

Cat (for boarding purposes): _____

Separation Anxiety?: ☐ Yes ☐ No

Ever Bitten a Person or Pet? ☐ Yes ☐ No

Fears (thunder, fireworks, vacuum, etc): _____

Feeding Routine

Feeding Schedule: _____

Food Instructions: _____

Walking & Exercise

Leash Trained: ☐ Yes ☐ No

Walk Preferences (length, pace, frequency): _____

Potty Break Routine/Timing: _____

Walking Style (pulls, crosses, heels): _____

Fenced in Backyard?: ☐ Yes ☐ No

Energy Level: ☐ Low ☐ Medium ☐ High

Reactivity or Triggers (dogs, people, bikes, wildlife, etc): _____

Other Helpful Things to Know: _____

Health & Wellness

Vaccinations Up To Date?: ☐ Yes ☐ No

Current Medications: _____

Allergies/Health Concerns: _____

Mobility/Vision/Hearing Issues: ☐ Yes ☐ No Explain? _____

Flea/Tick Prevention: _____

History of Medical Emergencies? ☐ Yes ☐ No Explain? _____

Home Access Instructions (if applicable)

☐ Key Provided

☐ Door Code _____

☐ Garage Code _____

☐ Other _____

Security Alarm/Instructions: _____

Other Information/Wifi: _____

Services & Policies

Service(s) Requested: ☐ Drop-In ☐ Boarding ☐ Overnight Stay ☐ Daycare ☐ Transportation

Payment Method: ☐ Cash ☐ Venmo (@Emily-Piernick) ☐ Zelle (516-725-1011)

Weather Policy: Walks/visits may be adjusted in the case of extreme conditions for safety.

Caregiver Information

Name: Emily Piernick

Email: 2heartspetsitting@gmail.com

Phone: 516-725-1011



@2HeartsPetSitting



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@2HeartsPetSitting

Consent & Liability

By signing below, I acknowledge and agree to the following:

Health & Behavior

- I certify that my pets are in good health, up to date on vaccinations, and free from contagious conditions.
- I confirm my pets have no history of aggression that would pose a danger to people, other animals, or property unless disclosed in writing.
- I understand that 2 Hearts Pet Sitting reserves the right to refuse or discontinue services if a pet displays unsafe or aggressive behavior.

Veterinary Care & Emergencies

- I authorize 2 Hearts Pet Sitting to seek emergency veterinary care if deemed necessary, and I agree to be fully responsible for all resulting charges.
- If I cannot be reached in a timely manner, I authorize the caregiver to make medical decisions in the best interest of my pets.
- I authorize 2 Hearts Pet Sitting to transport my pets to my preferred veterinarian or, if unavailable, to another licensed veterinarian or emergency clinic.
- I release 2 Hearts Pet Sitting from liability for treatment outcomes provided by licensed veterinarians or emergency staff, as well as for transportation to and from veterinary facilities.

Vaccinations & Parasite Prevention

- I understand that all pets are required to have up-to-date rabies vaccinations, unless a veterinarian provides a written exemption. Proof of vaccination may be requested.
- Dogs who regularly attend dog parks, daycares, groomers, or other high-contact environments are strongly encouraged to also have the Bordetella (kennel cough) vaccine to reduce the risk of illness.
- Cats are also required to have up-to-date rabies vaccinations or a valid titer result.
- I agree that all pets must be free of fleas and ticks prior to services. If fleas or ticks are discovered, treatment may be administered at the owner's expense.

Risks & Safety

- I understand there are inherent risks in pet care and walking, including but not limited to: illness, injury, accidental escape, exposure to outdoor conditions, interactions with other animals, and unforeseen emergencies.
- I agree that 2 Hearts Pet Sitting will take all reasonable precautions to safeguard my pets but cannot be held responsible for events beyond their control.
- I understand that outdoor activities may be shortened, modified, or canceled in cases of extreme weather, unsafe conditions, or if deemed in my pet's best interest.
- I acknowledge and accept that my pet(s) may travel in the vehicle of 2 Hearts Pet Sitting for the purposes of transportation for care, veterinary visits, grooming, exercise, pickup and drop-off, or other appointments and needs. I understand that 2 Hearts Pet Sitting will take all reasonable precautions to ensure my pet's safety and comfort during travel.

Owner Responsibility

- I accept full responsibility for any damage or injury caused by my pets to people, property, or other animals while in the care of 2 Hearts Pet Sitting.
- I agree to provide accurate, updated information about my pet's health, behavior, and special needs.
- I acknowledge that it is my responsibility to maintain proper identification tags, collars, leashes, and secure home access for all scheduled services.
- I agree to provide all necessary supplies for the care of my pet(s), including food, medications, leashes, litter, and cleaning supplies. If supplies are unavailable, I authorize 2 Hearts Pet Sitting to purchase them at my expense.

Consent & Liability (Continued)

Home Access & Property

- I grant 2 Hearts Pet Sitting permission to enter my home as instructed for agreed-upon scheduled services.
- I agree to hold 2 Hearts Pet Sitting harmless for any accidental injury, illness, loss, or damage that may occur to my pets while reasonable care and precautions are taken.
- I acknowledge that 2 Hearts Pet Sitting is not responsible for damage, injury, or loss caused by other individuals entering the home during my absence.
- I understand it is my responsibility to maintain safe property conditions, and ensure safe access to the home.

Meet & Greet

- Meet & greets incur a non-refundable \$35 fee. This cost is separate from your booking total and is reflective of our time and attentiveness to learning your pets routine and needs.

Photos & Updates

- I understand and agree that 2 Hearts Pet Sitting may take photos and/or videos of my pet(s) during the duration of care for the purposes of providing updates and business use, including but not limited to, social media and promotional materials. I acknowledge and accept that these photos may occasionally include parts of my home or property in the background. If I prefer not to have my pet(s) featured in photos for promotional purposes, I will notify 2 Hearts Pet Sitting in writing prior to services commencing.

Payment & Policies

- All boarding and overnight care bookings require a 50% deposit of the total service cost to secure and hold the requested care dates. Deposits are due at the time of booking and are applied toward the final balance. Remaining balance is due prior to the start of care.
- Drop-in visits require payment in full at the time of booking to secure date and times requested
- Cancellations made with less than 2-week's' notice are subject to a fee of 50% of the booking total.
- I acknowledge that late pick-ups and last-minute schedule changes will incur additional fees.
- I agree to pay the agreed-upon rates and necessary deposits for services rendered.

Signature: _____ **Date:** _____