

Chris Ciaccio  
Professional Pet Sitter, LLC  
[ccpetsitting629@gmail.com](mailto:ccpetsitting629@gmail.com)  
(610)781-8803

***PETOWNER DETAILS***

Today's Date:

Full Name:

Address:

Email:

Cell Phone Number:

Work Number:

Select option:      Key is required  
                         Garage code:  
                         Alarm code:

Will anyone else be entering your home during my visits?  
If so, name and reason:

***EMERGENCY CONTACT***

Full Name:

Address:

Cell Phone Number:

Work Number:

***VET DETAILS***

Full Name:

Address:

Phone Number:

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***PET PROFILE***

Pet's Name:

Breed:

Sex:

Approximate Age/Birthday:

Color/Markings:

Neutered:    YES            NO

Up-To-Date on Vaccinations: YES            NO

Feeding schedule:    AM                            PM

Are treats allowed:

List any medications, dosage and time of day given:

Any health issues or concerns:

Favorite toys, activities:

Helpful commands:

Anything else you would like me to know about your pet:

May I share your pets photos on my Instagram page (pawesomepetlove)?

YES

NO

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***VETRELEASE***

Owner's Name:

Pet's Name:

Vet's Name:

Vet's Address:

Vet's Phone Number:

During my absence, Chris Ciaccio, will be caring for my pet(s) \_\_\_\_\_.  
In the event of an emergency, I authorize you \_\_\_\_\_ to administer medical  
treatment and will be responsible for payment to you upon my return.

I, \_\_\_\_\_, give Chris Ciaccio permission to transport my pet(s) to  
the above veterinarian and authorize treatment in the event of an emergency or illness. If this  
veterinarian is not available, I authorize Chris Ciaccio to transport my pet(s) to a veterinarian of  
choice and I authorize treatment. If emergency care is needed after regular office hours, pet(s)  
may be taken to the nearest veterinarian emergency clinic/hospital. I agree that Chris Ciaccio is  
released from all liability related to transportation to and from the veterinarian and treatment for  
sickness or emergency. This release will remain valid for all current and future visits unless a  
new release is signed.

Owner's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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***VETRELEASE***

Owner's Name:

Pet's Name:

Vet's Name:

Vet's Address:

Vet's Phone Number:

During my absence, Jenn Bogar, will be caring for my pet(s) \_\_\_\_\_.  
In the event of an emergency, I authorize you \_\_\_\_\_ to administer medical  
treatment and will be responsible for payment to you upon my return.

I, \_\_\_\_\_, give Jenn Bogar permission to transport my pet(s) to the  
above veterinarian and authorize treatment in the event of an emergency or illness. If this  
veterinarian is not available, I authorize Jenn Bogar to transport my pet(s) to a veterinarian of  
choice and I authorize treatment. If emergency care is needed after regular office hours, pet(s)  
may be taken to the nearest veterinarian emergency clinic/hospital. I agree that Jenn Bogar is  
released from all liability related to transportation to and from the veterinarian and treatment for  
sickness or emergency. This release will remain valid for all current and future visits unless a  
new release is signed.

Owner's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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***HOUSE SITTING INFO***

Will anyone be entering the home during my visits?

If so, name and reason:

Bring in mail daily:    YES                    NO, mail has been stopped

Packages expected?

Plant care:    indoors?

                  outdoors?

Turn on lights? Indoors?

                  outdoors?

Other responsibilities requested: