

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

PET OWNER 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 our 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 (one for each pet)

Pet's Name: _____

Breed: _____ Sex: _____

Approximate Age/Birthday: _____

Color/Markings: _____ Weight: _____

Neutered: YES NO Up-To-Date on Vaccinations: YES NO

Feeding schedule: AM MIDDAY PM

Are treats allowed: YES NO

List any medications, dosage and time of day given: _____

Any health concerns or allergy issues (food or environmental): _____

Is your pet microchipped: YES NO

Pet's temperament: Shy Energetic Reactive Calm

Leash manners: Pulls? _____ Reactive to other dogs/squirrels? _____

House rules: Allowed on furniture? _____ Crate trained? _____

Fear triggers: (Thunder, fireworks, separation anxiety, etc.) _____

Favorite toys, activities: _____

Helpful commands: _____

Anything else you would like us to know about your pet: _____

May I share your pets photos/videos on the company Instagram page(ccpetsittingofficial)?
YES NO

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VET RELEASE

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.

Pet Owner's
Signature _____

Date _____

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VET RELEASE

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.

Pet Owner's
Signature _____

Date _____

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VET RELEASE

Owner's Name: _____

Pet's Name: _____

Vet's Name: _____

Vet's Address: _____

Vet's Phone Number: _____

During my absence, Jaelyn 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 Jaelyn 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 Jaelyn 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 Jaelyn 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.

Pet Owner's
Signature _____

Date _____

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VET RELEASE

Owner's Name: _____

Pet's Name: _____

Vet's Name: _____

Vet's Address: _____

Vet's Phone Number: _____

During my absence, Kate Tauckus, 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 Kate Tauckus 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 Kate Tauckus 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 Kate
Tauckus 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.

Pet Owner's
Signature _____

Date _____

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Company Policies

Payments

All payments are due at the start of service. We accept cash, check and Venmo.

Liability

We are bonded and insured through Pet Care Business Insurance.

Refunds & Credits

Once services are booked, there are no refunds. If services are not utilized, you will receive a credit for future pet visits.

Home Visits

Midday visits will be scheduled during 11am-2pm. We do not guarantee exact times for any visits. Morning visits will not be scheduled any earlier than 7am, and bedtime visits will not be scheduled any later than 9pm.

Holiday Surcharge

A \$10 additional charge will be added for any visits on holidays.

Pet Safety

For the safety of your pet and the community, all dogs will be kept on a leash during outdoor walks—no exceptions.

Secure Entry

We take the security of your home seriously. Keys/codes are stored securely and never labeled with your address.

Aggression & Liability

Owners must disclose any history of biting or aggression towards humans or other animals.

Right to Terminate

We reserve the right to terminate service immediately if a pet poses a danger to our team.

I have read and agree to the company policies for CC Pet Sitting. I understand that Chris, Jenn and Jae are bonded and insured professionals dedicated to the safety and well-being of my pets and property.

Pet Owner's Signature: _____ Date: _____

