



# Rabbit & Guinea Pig Pet Sitting Services and Pricing Guide

## CLIENT INFORMATION

\*\*\*Please PRINT clearly \*\*\*

Your Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact

*This person should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency (this does not have to be someone who lives nearby).*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

This cover form must be signed every time your animal(s) are dropped off for sitting. You are confirming your animal is in good health or please state what extra care it will need.

Sitting dates: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PET PROFILE(S)**



**(#1) Pet's Name:** \_\_\_\_\_

**Pet Type (Please circle):** Rabbit/Guinea Pig; Male/Female Spayed/Neutered: Y / N

**Breed:** \_\_\_\_\_ **Color(s):** \_\_\_\_\_

**Current Feeding Schedule (amount, times of day, etc.):** \_\_\_\_\_

**Major Medical Conditions (Past or Present):** \_\_\_\_\_

**Medication(s) (Name, Dosage, Frequency)** \_\_\_\_\_

**This Pet Loves to:**  
\_\_\_\_\_

**Hates to:**  
\_\_\_\_\_

**Special Handling/Other Notes (i.e. special quirks, deaf/blind, object/pen aggression, other animal fear, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**(#2) Pet's Name:** \_\_\_\_\_

**Pet Type (Please circle):** Rabbit/Guinea Pig; Male/Female Spayed/Neutered: Y / N

**Breed:** \_\_\_\_\_ **Color(s):** \_\_\_\_\_

**Current Feeding Schedule (amount, times of day, etc.):** \_\_\_\_\_

\_\_\_\_\_  
**Major Medical Conditions (Past or Present):** \_\_\_\_\_

**Medication(s) (Name, Dosage, Frequency)** \_\_\_\_\_

\_\_\_\_\_  
**This Pet Loves to:**

\_\_\_\_\_  
**Hates to:**

\_\_\_\_\_  
**Special Handling/Other Notes (i.e. special quirks, deaf/blind, object/pen aggression, other animal fear, etc.):** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **Feeding and Medication**

**ALL CLIENTS SHOULD PROVIDE PELLETS FOR THE DURATION OF THEIR PET(S)' STAY.** It can be dangerous for a rabbit or guinea pig to be fed different pellets. Stasis, loose stools, gas, lethargy, etc. can happen from a diet change. **WE FEED SECOND-CUT TIMOTHY HAY FROM SMALL PET SELECT. IF YOUR ANIMAL IS FUSSY ABOUT THEIR HAY, PLEASE BRING THAT WITH YOU ALSO.**

**Please let us know if your animal has sensitivities to any foods, especially specific greens.**

### **OUR CURRENT FEEDING SCHEDULE IS:**

Hay and Water at all times

7:15 AM: Breakfast: Greens, ½ daily portion of pellets

6:30 PM: Dinner Greens    8:30 PM: ½ daily pellets

Our rabbits are given a “salad” of leafy greens (rotating between romaine and red/green leaf lettuce), cilantro or parsley, and dandelion greens or spring mix.

Our guinea pigs are given leaf lettuce (red/green or romaine), peppers (green/yellow), cilantro, cucumber, and a bit of celery.

### **SPECIAL DIET**

**IF YOUR PET'S DIET IS DIFFERENT FROM THAT LISTED ABOVE, please let us know how and what you want your animal fed below and provide any special items:**

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**MEDICATIONS:**

**Please list below the medications your animal is on and when it is given (MEDICATIONS SHOULD BE BROUGHT IN THEIR PACKAGING FROM A VETERINARIAN WITH DOSING INSTRUCTIONS):**

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**RELEASE OF MEDICAL INFORMATION AND PERMISSION FOR TREATMENT:**

In the event of a medical emergency, where we cannot contact you to authorize care immediately and directly, we will use this form to obtain care. During normal business hours we take bunnies to Riverside Animal Hospital in Flushing, Michigan. If your bunny (or other animal) is injured or becomes ill during off hours we rush to AEC in Novi or Rochester. AEC is an hour+ drive from us. We obviously take every effort to get your family member to medical care as quickly as possible. Please be aware that rabbits and guinea pigs don't often warn of illness.

Primary Veterinarian's Information (if you have one):

Name of Vet Hospital or Clinic: \_\_\_\_\_

Address/City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of preferred Doctor: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give To the Moon and Back Rabbit Rescue my express permission to transport any of my pets for care to the above-mentioned veterinarian (or to the closest open facility if the Primary Vet office is not available). I understand To the Moon and Back Rabbit Rescue will try to contact me as soon as possible in the event of a medical emergency. If unable to contact me, I give permission to To the Moon and Back Rabbit Rescue to make medical treatment decisions and approve charges up to:

\$\_\_\_\_\_ per pet (most common values are \$200, \$1000, or unlimited) I give permission for the hospital/clinic/doctor to administer any care or medications necessary. I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, medical supplies, and hospital boarding. I also agree to be responsible for all fees assessed by To the Moon and Back Rabbit Rescue for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made immediately upon my return.

List of Pets:

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Name/Description or Breed/Age/Weigh:

\_\_\_\_\_

Name/Description or Breed/Age/Weight:

\_\_\_\_\_

This agreement is valid for the date(s) previously stated in this contract and grants permission for future veterinary care without the need for additional authorization each time To the Moon and Back Rabbit Rescue cares for one or more of my pets. In signing this contract, I agree to the terms outlined above.

Client Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

### **Rabbit & Guinea Pig Pet Sitting Services and Pricing Guide**

- A. **Pet Sitting is in an experienced volunteer's home.** Our volunteers have jobs outside of the home and may not be home 24/7, however, your animal(s) will not be left for more than a work day/shift. In most cases, the only thing the customer has to provide are the pellets the animal is on and a list of any vegetables in the animal's diet, its feeding schedule and any other special needs.
- B. **Fee for Services:**
- a) **\$25 a day for a single rabbit**
  - b) **\$30 a day for a bonded pair of rabbits**
  - c) **\$35 a day for a bonded trio of rabbits**
  - d) **\$20 a day for a pair of guinea pigs**
  - e) **\$25 a day for 3-4 guinea pigs**
  - f) **Special needs animals (those on medications, special diets, or specialized care) will be considered on a case-by-case basis with an additional \$5-10 per day depending on need.**

Owner is required to bring any medications and instructions as given by a veterinarian. No animals with contagious illnesses will be allowed. Special diets may need to be provided.

C. **Veterinarian Visits:**

- a) ***If in the event that an injury or illness occurs while your animal is in our care:*** For non-emergency care, we will contact you first and with your permission, we will take your animal to Riverside Animal Hospital. As above, you are expected to arrange payment either with the veterinarian or agree to reimburse To the Moon and Back Rabbit Rescue upon pickup of your animal.
- b) In cases of an **emergency**, we "grab and go". You will be contacted as we are on our way or once we get to the ER. If life saving measures are being taken, we may not be able to call until we are at the ER. The closest off hour exotic animal veterinarian is **ANIMAL EMERGENCY CENTER (AEC)**. You have signed the release giving permission to seek care up to the amount you have specified (to walk in the door for general emergency cases

\$200 will usually pay for initial assessment and x-ray or blood work. Anything further than that will have to be approved and payment arranged by you directly with AEC). If injury is the direct case of our neglect, we will cover veterinary costs; if injury is a freak accident or illness, owner will then be required to reimburse To the Moon and Back Rabbit Rescue for any expenditure on the animal's behalf.

- A. **SCHEDULING:** Sitting services may be made over the phone and are considered to be binding. **Reservations for care should be made at least 14 days in advance.** If client calls for a last minute reservation (anything less than 10 days) a \$10 surcharge will be added.
- B. **DROP OFF AND PICK UP:** We will work with your schedule as well as our schedule to accommodate everyone's needs.
- C. **PAYMENT:** Half payment is due at time of drop off and the remainder at pick up. **Please allow at least 20 minutes to complete paperwork and health checks when dropping off and picking up your animal(s).**