

# Pet Sitters Application

Please fill out the PetSitters Application and email to [verge@vergeinsurance.com](mailto:verge@vergeinsurance.com) or fax to 905-688-6265

**All fields marked with an asterisk \* are mandatory.**

Name: *	
Business Name:	
Website:	
Email: *	
Street Address: *	
City: *	
Province: *	
Postal Code: *	
Business Address: (If different from mailing address)	
Do you rent or lease your premises? *	
Home Phone #: *	
# of Employees (excluding yourself): *	
Cell #:	
# Of years in business? : *	
Is pet sitting and/or dog walking your primary activity of your operation? : *	YES NO
Annual Revenue (if new business provide estimate) \$: *	
List types of animals in your care: *	
Max # of pets in your care at one time: *	
Do you abide by all by-laws when visiting dog parks and trails? : *	YES NO
Please confirm you have a control protocol in place for your client's keys*	Yes NO

Indicate whether you provide any of the services listed below

Basic Obedience Training? : *	YES NO
Where are Basic Obedience Training sessions held? :	
Agility and/or Sport Training? : *	YES NO
Basic Obedience Training Revenue \$:	
Agility and/or Sport Training Revenue \$:	
Behavioral Training? : *	YES NO
Behavioral Training Revenue \$:	
Grooming? : *	YES NO
Grooming Revenue \$:	
Pet Massage? : *	YES NO
Pet Massage Revenue \$:	
Dog Daycare? : *	YES NO
Specify location of Dog Daycare:	
Dog Daycare Revenue \$:	
Pet Boarding? : *	YES NO
How many pets are boarded at one time? :	

Pet Boarding Revenue \$:	
Retail? : *	YES NO
Do you manufacture anything you sell? : *	YES NO
Retail Revenue \$:	
List Items you sell:	
Pet Taxi? : *	YES NO
Pet Taxi Revenue \$:	
House sitting? (Written instructions must be received): *	YES NO
House sitting Revenue \$:	
During house sitting is there a pet present? : *	
Any other operation? : *	YES NO
Please describe any other operations:	
Other operation revenue \$:	
Do you make sure all your pets are current in their vaccinations? : *	YES NO
Do you administer any medications? (Written instructions must be received): *	YES NO
Do you administer holistic care? : *	YES NO
Have you ever been refused insurance? : *	YES NO
Have you had any claims in the last 5 years? : *	YES NO

