

Pet Parent Name

Address

Phone: Home

Cell (1)

Work

Cell (2)

Email (1)

Email (2)

Vet

Address

Phone

**** Emergency Contact:**

Relationship:

Phone: H

C

Alt

**** A trusted neighbor, friend or family member that may be contacted in the event pet parent is unavailable to make household or medical decisions.**

Specific Entry: () Front...*Key () Front...*CODE_____ () Garage.... CODE_____ () Side Entry () Basement

****Key should be provided at Meet/Greet or left in a specified spot indicated here:** _____

Would you like us to leave key in home at final visit? () Yes

No, instructions:

Security Company: _____ Phone: _____

Pad Location: _____ Security Code: _____ Security PW: _____

****Sequence...**

Reporting to Owner: Requested Frequency _____ Preferred Method: () Text () Email () Voicemail

To Phone

To Email

Please Check Additional House / Pet Sitting Services Requested () NONE

() Collect Mail () Put trash curbside

() Adjust Thermostat () Water Indoor Plants

() Remove Dog Waste from Property ****additional fee**

() Alternate Window Coverings () Alternate Light Switches

Additional notes:



Owner's Signature: _____ Date: _____



Pet Name: _____ Nickname: _____
 Feline Canine Other: _____ Breed: _____

Age: _____ How long has pet lived with you? _____ Weight: _____ Color: _____

male female spayed/neutered Yes Rabies Vaccination Tag # _____ Year _____

Medication

Name	Dosage	How to Administer

Feeding Schedule

AM dry portion _____ **PM** dry portion _____
 can portion _____ can portion _____

Diet Restrictions: None Yes... Explain _____

Accessories / Litter

Location of harnesses / collars / leashes _____
 Location of litter box/ scooper/ _____
 Additional litter/ trash bags, _____
 Cleaning supplies: _____

General Information / Temperament

Has pet ever shown any signs of aggression? No Yes... If yes explain... _____

Is there anything specifically upsetting to your pet? No Yes... If yes explain.... Ex: thunder, petting specific areas of body, etc _____

Is pet restricted to specific areas of home? No Yes... If yes explain... _____

**** Notable Medical History, Allergies, Phobias etc.** NONE
 Yes: _____

Please provide any additional information necessary for us to provide optimal care to your furbaby.... _____

**** Please initial to affirm all applicable vaccinations and licenses required by law are current and up to date:** _____

I, the owner of the above listed pet, warrant that the information contained herein true and correct. I give consent to Pawsitively Petastic to enter my home for the sole and only purpose of caring for the pet listed above.

Owner Signature: _____ Date: _____