

ABOUT YOU

Your Name: _____ E-mail _____
Address: _____
Cell # _____ Other # _____ Other # _____
Employer: _____

Partner's Name: _____ E-mail _____
Cell _____ Other # _____ Other # _____
Address: _____
Employer: _____

Please provide at least two emergency contact persons that live nearby and can assist in the event of an emergency or inclement weather.

Name: _____ Phone: _____
Name: _____ Phone: _____

ABOUT YOUR HOME

Name of any persons, authorized to enter your home during the dates in which pet sitting care will occur:

Door code _____ Garage Code _____ Mailbox # & location _____

Alarm Code _____ Alarm Password _____ Alarm Co. phone# _____

Guest Wi-Fi: Network name _____ Password _____

Where is the water shut off valve located? _____

Where is the breaker box located? _____

Maintenance personnel & phone _____

Trash/ Recycling Days _____

Location of cleaning supplies _____

Indoor Plant care _____

Outdoor Plant/ Yard care _____

Special Notes/ Instructions _____

ABOUT YOUR PET(S)

PET'S NAME _____ **Breed** _____ **Age/ DOB** _____

Color/ Markings: _____

Please circle one: Intact Male or Neutered Male / Intact Female or Spayed Female

Is your pet current on Rabies vaccination? _____ Date given _____ Next Due _____

Is your pet current on monthly flea/ tick preventative? _____ Date given _____ Next due _____

Which product do you use as the preventative? _____

Brand and flavor of pet food _____

Feeding Instructions (with measured amounts) _____

Normal meal times _____

Normal potty times _____

Does your pet have any Allergies/ Medical Issues/ Recent Surgery/ Special Care needs?

Is there anything else you would like us to know about your pet? _____

PET'S NAME _____ **Breed** _____ **Age/ DOB** _____

Color/ Markings: _____

Please circle one: Intact Male or Neutered Male / Intact Female or Spayed Female

Is your pet current on Rabies vaccination? _____ Date given _____ Next Due _____

Is your pet current on monthly flea/ tick preventative? _____ Date given _____ Next due _____

Which product do you use as the preventative? _____

Brand and flavor of pet food _____

Feeding Instructions (with measured amounts) _____

Normal meal times _____

Normal potty times _____

Does your pet have any Allergies/ Medical Issues/ Recent Surgery/ Special Care needs?

Is there anything else you would like us to know about your pet? _____

If your pet(s) are not eating regularly, may we entice him/her with any of the following appetite motivators or treats?

Please circle any: Canned food Baby Food Cheese Chicken broth Peanut Butter Coconut Oil

Pumpkin Tuna Greek Yogurt (plain/ unsweet) Other: _____

Veterinary Medical Release Form

In the event of a medical emergency, this form will allow me to provide care for your pet.

Our protocol is to contact the client if an issue arises. If the client cannot be reached, we will call the emergency contact person(s) indicated in the pet file. If all parties cannot be reached in a timely manner Aunt Hope's Pet Care, LLC will use their discretion to transport and/or seek medical care for the client's pet(s). For routine medical care Aunt Hope's Pet Care, LLC will attempt to arrange a visit with the veterinarian of your choice as long as the clinic is within reasonable travel distance and scheduling is favorable. For medical emergencies Aunt Hope's Pet Care, LLC will seek care from the nearest available veterinarian. The cost of any medical treatment is the financial responsibility of the pet owner except in the event of gross negligence on our part.

Pet Owners Information

Name: _____

Address: _____

Cell#1: _____ Other#: _____ Other#: _____

Email#1: _____ Email#2: _____

Primary Veterinarian

Clinic: _____

Phone: _____

Address: _____

Vet Name: _____

Secondary Veterinarian

Pet Information

Name _____ Breed _____ Color _____

Name _____ Breed _____ Color _____

Name _____ Breed _____ Color _____

Name _____ Breed _____ Color _____

Please initial the appropriate areas below:

_____ I AUTHORIZE medical care to be provided for my pet(s) by an appropriate veterinarian to be determined by Aunt Hope's Pet Care, LLC in the event of illness and/ or a medical emergency. I give permission for the veterinarian to use their discretion in providing care and/ or administering medications. I agree to be financially responsible for any and all expenses accrued for such care.

_____ I AUTHORIZE Aunt Hope's Pet Care, LLC to administer and/ or seek First-Aid and resuscitative care for my pet(s) as determined appropriate by Aunt Hope's Pet Care, LLC. I agree to indemnify and hold harmless Hope Polenica for any and all results thereof.

_____ **DNR ONLY- I DO NOT AUTHORIZE Aunt Hope's Pet Care, LLC to seek emergency medical care, and/or resuscitative care for my pets(s). I agree to indemnify and hold harmless Aunt Hope's Pet Care, LLC for any and all results thereof.**

Notes: _____

This contract is valid and approval for future services without additional written authorization.

Signed (pet owner) _____

Date _____

Print Name _____

MEDICATION FORM

Please list any Medications or Supplements that your pet is currently taking

• **PET'S NAME** _____

Medication Name: _____ Measured Dosage: _____

To be given: 1x/day 2x/day 3x/day As Needed Other: _____

Time of day to administer: _____

To be given: Orally Topically In Ears In Eyes Injected Other: _____

To be given: With a treat / Mixed Into Food / With pill shooter / Crushed /

On an Empty Stomach _____ minutes before any food. / Other _____

Notes: _____

• **PET'S NAME** _____

Medication Name: _____ Measured Dosage: _____

To be given: 1x/day 2x/day 3x/day As Needed Other: _____

Time of day to administer: _____

To be given: Orally Topically In Ears In Eyes Injected Other: _____

To be given: With a treat / Mixed Into Food / With pill shooter / Crushed /

On an Empty Stomach _____ minutes before any food. / Other _____

Notes: _____

• **PET'S NAME** _____

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Notes: _____

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Notes: _____