

## 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:

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    Neutered Male    Intact Female    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 \_\_\_\_\_

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    Neutered Male    Intact Female    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 \_\_\_\_\_

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: \_\_\_\_\_

**AUNT HOPE'S PET CARE, LLC**  
**www.aunthope.com    (574) 855-6026    aunthopespetcare@yahoo.com**

**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: \_\_\_\_\_ Cell#2: \_\_\_\_\_ 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 and sign 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 any care and/ or administering any medications necessary. 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.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This contract is validated by the signature below in total and is 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: \_\_\_\_\_  
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 On an Empty Stomach \_\_\_\_\_ minutes before any food.  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Pet: \_\_\_\_\_  
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 On an Empty Stomach \_\_\_\_\_ minutes before any food.  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Pet: \_\_\_\_\_  
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 On an Empty Stomach \_\_\_\_\_ minutes before any food.  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Pet: \_\_\_\_\_  
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 On an Empty Stomach \_\_\_\_\_ minutes before any food.  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Pet: \_\_\_\_\_  
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 On an Empty Stomach \_\_\_\_\_ minutes before any food.  
Notes: \_\_\_\_\_  
\_\_\_\_\_