

THE BASICS

Friendly Pet Care

Care for Caged and Tanked Pets and their Home

Date:					
Pet Owners:					
Address:	City:St			St:	Zip:
Phone:	Cell1:		Cell2:		
Work:		Extension	on:		
Preferred contact Meth	nod:				
E-mail 1:	1: E-mail 2:				
How did you hear about Frie	endly Pet Care? _				
Emergency Contact: _					
Phone:		Cell:			
	(Ideally this perso	on retains a key to	the home.)		
Preferred Veterinarian:					
Phone:					
Address:					
Authorization to Obtain	Care:				
		Please	print then sign h	ere	

Entry granted and will	be by:									
1. Key(s) 2. Garage door opener			ecurity Panel	4. Other	_					
Is there a security alar	m?	Will it	Will it be activated?							
If Other, please expla	n:				_					
Permission to enter:	Permission to enter:									
		Please print tr	nen sign nere							
Notation of all codes must be separate from this form!										
Security System Operation Notes:										
Contractor! Check here w Remember, we urge all cli any keys you had copied	ents to provide 2 k work prior to introd	eys or a co ductory visit.	mbination of 2 meth :TS	ods of entry. Ensur	e e					
Name	Α	Age	General Description							
	Additional pets ma	av be detail	ed on last page							
Additional pets may be detailed on last page. *HEALTH CONCERNS										
NAME	MEDICATION/dose		FREQUENCY	ALERTS (allergies	;?)					
Dysplasia:	a: Vaccinations up-to-date:									

Exceptions:

FEEDING REQUIREMENTS Frequency: ______ Portion:_____ Location: _____ Water Limitations? _____ If yes, explain: _____ Treats:______ Rewards: _____ Can opener location: **Internet Connection** Wireless Internet (WiFi): Name:_____Password:____ While providing overnight care in our client's homes we find it very convenient to have internet access. If you don't mind sharing your internet, it would be greatly appreciated. **FEARS** ____Lightening/Thunder ____Use of Sedatives* ____ Men Uniformed Individuals ____Other Animals / Details: ______ ____Additional / Describe: _____ **KEEPING THINGS CLEAN** We'll find Yard "Scooping" bags in the:_____ Extra litter/cedar/etc._____ Vacuum is stored: Cleaning supplies are found:

Additional Notes:

REGARDING ADDITIONAL SERVICES

1.	Bringing in the newspaper & r	nail:	
	Locked Mail box?	Obtain key if yes!	
	Preferred Placement: _		
2.	Indoor Plant requirements:		
3.	Trash & Re-cyle Day is:		
	Cans located:		
4.	Lights and Timer Details:		
	A 1	P	Note Bode the
	Add	<u>iitionai P</u>	<u>Pets Details</u>
	Name	Age	General Description
_	ula a Tilla a a NA a Cilia di Lika a		
<u>O</u>	ther Things We Should Kno	<u>w</u>	
	I have read the above	and atte	est that the above is accurate:
	Signature:		
	<u> </u>		
	Print Name:		
	Todavis	: Date	
	roday s	, Date	