

THE BASICS

Friendly Pet Care

~ "Be Our Guest" Companionship Care for DOGS ~

Pet Owners:				
Address:	C	ity:	St:	Zip:
Phone:	Cell1:	Cel	12:	
Work Phone:		Ext	tension:	
Preferred Method	d of Contact:			
E-mail 1:		_ E-mail 2:		
How did you hear	about Friendly Pet Car	e?		
	act Name:			
Preferred Veterina	arian:			
Address:	(Dity:	St:	Zip:
Phone:				
Authorization to d	obtain medical care	:		
			ase print and sign	

PRIMARY PETS * indicates health concern details

Name	Age	General Description	*

*HEALTH CONCERNS

NAME	MEDICATION/dose	FREQUENCY	ALERTS (allergies?)			
	WEDIO/WOW GOSC		, , ,			
Dysplasia:	_ Vaccinations up	o-to-date:				
Exceptions:						
·						
Accommodations Is your dog typically crated at times in your home? When? When we leave for an extended period of time.						
When we are asle	eep.					
Crate is left open	and only used as a den.					
One of the beauties of using an in-home pet care provider is that your pet is not caged. We ask the crate question because some pets are accustomed to their crates at certain times and it is preferable to them to have that option available.						
Please provide your dog's special "blankie," one of your unwashed T-shirts, a few favorite toys.						
at home while staying However, if there is be	can imagine and proba with us. They may rest or havior you do not allow rules during their stay. V	n the couches, sl at home, please	eep on the beds. let us know and			

FEEDING REQUIREMENTS Frequency: _____ Portion dry: _____ Portion wet: Allowed "people food?" _____ Exceptions: _____ Water Limitations? _____ If Yes, explain: _____ Treats: _____ Rewards: _____ You do not need to pack bowls for your pet(s), however, if you feel it will make them feel more "at home," please do so and we will be sure to use them to encourage familiarity. **FEARS** Any history of fear based aggression? _____ If Yes, please explain: _____ Details:__(Check all that apply)______ ___ Lightening/Thunder ____ Use of Sedatives* ____ Men ___ Uniformed Individuals Other Animals/Details: ___ Additional/Describe: _____ **COMMANDS & DEFINITION**

4. _____/____

FUN & EXERCISE
Enjoy brushing? If yes, please pack a brush from home
Favorite toys:
Favorite games:
Exercise Limitations?
Leashes: Please pack your pets leash(es)
Additional:
Other things we need to know:
Use the below checklist to help you pack for your pets trip. Things I Need to Pack for My Pet's Vacation
Crate if needed Food
Treats
Any medications – with clear instructions for administeringCollar and Leash
Identification Tags
Special blanket One of my unwashed T-shirts
A few toys
Personal bowls (if you wish)
Personal brush (maybe)

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Signature:	 		
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Print Name: _			
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Date:		_	