



THE BASICS

Friendly Pet Care
~ Care for DOGS and their home ~

Date: _____

Pet Owners: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell1: _____ Cell2: _____

Work phone: _____ Extension: _____

Preferred method of contact: _____

E-mail1: _____ E-mail2: _____

How did you hear about Friendly Pet Care: _____

Emergency Contact: _____

Phone: _____ Cell: _____

(Ideally this person retains a key to the home.)

Preferred Veterinarian: _____

Address: _____

Phone: _____

Authorization to obtain medical care: _____

Print and sign here

Entry granted and will be by:

1. Key(s) _____ 2. Garage door opener _____ 3. Security Panel _____ 4. Other _____

If Other, please explain: _____

Is there a security alarm? _____ **Will it be activated?** _____

Permission to enter: _____

Print and sign here

Notation of all codes must be separate from this form!

Security Operation Notes:

Contractor: Check here when access tools have been obtained: _____

Remember, we urge all clients to provide 2 keys or a combination of 2 methods of entry. Please ensure any copied keys work.

PRIMARY PETS

* indicates health concern details

Name	Age	General Description	*

Additional pets may be detailed on last page.

If at all possible, please provide photos of your pets to be kept in your file. It is helpful to us to be able to clearly distinguish between pets in multi-pet homes. This is especially important when medications are required.

***HEALTH CONCERNS**

NAME	MEDICATION/dose	FREQUENCY	ALERTS (allergies?)

Displasia: _____ Vaccinations up-to-date: _____ Exceptions: _____

FEEDING REQUIREMENTS

Frequency: _____ Portion: _____

Location: _____

Water Limitations? _____ If Yes, explain: _____

Treats: _____ Rewards: _____

Can opener location: _____

Additional Notes: _____

KEEPING EVERYONE & EVERYTHING SAFE

Fenced yard? _____ Known escape routes: _____

I.D. Tag: _____ Micro Chip: _____ Notes: _____

Restricted areas: _____

Any history of aggression?: _____ Who: _____

Details: _____

FEARS

____Lightening/Thunder ____Use of Sedatives* ____Men

____Uniformed Individuals

____Other Animals Details:_____

____Other/Describe: _____

COMMANDS & DEFINITION

1. _____/_____

2. _____/_____

3. _____/_____

4. _____/_____

FUN & EXERCISE

Enjoy brushing? _____ Brushes kept where:_____

Favorite toys: _____

Favorite games: _____

Exercise Limitations? _____

Leashes kept where:_____

Additional:_____

KEEPING THINGS CLEAN

We'll find Yard "Scooping" bags in the:_____

Vacuum is stored:_____

Cleaning supplies are found:_____

Towels for rainy days are kept:_____

REGARDING ADDITIONAL SERVICES

1. Bringing in the newspaper & mail Locked box? _____ **Obtain key if yes!**

Preferred Placement of mail:_____

2. Indoor Plant requirements:_____

3. Trash & recycle Day is:_____ Cans located:_____

4. Lights and Timer Details:_____

ADDITIONAL PETS DETAILS

Name	Age	General Description

While providing companionship and overnight care in our client's homes we find it very helpful to have internet access. If you don't mind sharing your internet access, it is GREATLY appreciated.

Wireless Connection:

Name_____ Password_____

Other things we need to know:

I have read all the above and attest it is accurate.

Signature: _____

Print Name: _____

Date: _____