

**Client & Pet Profile**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Service beginning date: \_\_\_\_\_ Service ending date: \_\_\_\_\_ Number of visits: \_\_\_\_\_

Expected departure date & time: \_\_\_\_\_ Expected return date & time: \_\_\_\_\_

(If services are for on-going dog walks and on-going pet visits, please request service dates and visits weekly through our online booking system via our website)

Key received: Y/N  
Does anyone else have a key? Y/N Names: \_\_\_\_\_  
Left on final visit: Y/N Kept by sitter for future services: Y/N

**NAME, TYPE & AGE OF PETS:**

1) \_\_\_\_\_ M/F 2) \_\_\_\_\_ M/F 3) \_\_\_\_\_ M/F 4) \_\_\_\_\_ M/F  
\_\_\_\_\_  
\_\_\_\_\_

**FEEDING INSTRUCTIONS:**

#1  
Type and location of food: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Food treats/Restrictions: \_\_\_\_\_

#2  
Type and location of food: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Food treats/Restrictions: \_\_\_\_\_

#3  
Type and location of food: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Food treats/Restrictions: \_\_\_\_\_

#4  
Type and location of food: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Food treats/Restrictions: \_\_\_\_\_

**EXERCISE/OUTSIDE:**

Walks? Y/N Locations? \_\_\_\_\_ Leash locations: \_\_\_\_\_  
Type of fence: Electric: \_\_\_\_\_ Wood: \_\_\_\_\_ Chain Link: \_\_\_\_\_ None: \_\_\_\_\_ Other: \_\_\_\_\_

**PET CLEAN-UP:**

Litter box location & instructions: \_\_\_\_\_  
Accident clean-up instructions: \_\_\_\_\_  
(particular spot remover/cleaner?)

**LIKES/DISLIKES:**

Reaction to children: \_\_\_\_\_ Other animals: \_\_\_\_\_

Likes: \_\_\_\_\_  
(petted in certain spot)

Dislikes: \_\_\_\_\_

What might cause your pet to bite? \_\_\_\_\_

**HEALTH:**

Does your pet(s) require any medications? Y/N

If yes:

Purpose? \_\_\_\_\_

Type of medicine? \_\_\_\_\_

Quantity? \_\_\_\_\_ X's/day \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Does your pet(s) have any medical problems? Y/N

If yes:

Explain: \_\_\_\_\_

Any particular instructions? \_\_\_\_\_

Are your pet(s) currently on vaccinations? Y/N Rabies tags visible and on pet? Y/N

If no, on file at vet Y/N Rabies tag & year # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

If unable to reach your vet in the event of an emergency, may we use another? Y/N

**HOME CARE FOR OVERNIGHT VISITS**

Would you like any of the following services provided at no additional charge?

Indoor plants watered: Y/N Where? \_\_\_\_\_

Mail/Paper brought in: Y/N

Garbage/recycling take to curb? Y/N When? \_\_\_\_\_

Lights rotated: Y/N Where? \_\_\_\_\_

TV/Radio left on for pet(s): Y/N Where? \_\_\_\_\_

Security check instructions: \_\_\_\_\_

Will anyone else be coming home during service contract period? Y/N

Names: \_\_\_\_\_

What cars will there be?

**SPECIAL INSTRUCTIONS FOR PET CARE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 3. Local person: \_\_\_\_\_

**EMERGENCY INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of fuse box: \_\_\_\_\_  
Location fo water shut off: \_\_\_\_\_

Police: \_\_\_\_\_ Fire: \_\_\_\_\_ Ambulance: \_\_\_\_\_  
Lease Manager: \_\_\_\_\_ A/C Repair: \_\_\_\_\_  
Electrician: \_\_\_\_\_ Plumber: \_\_\_\_\_ Other: \_\_\_\_\_

**Services Requested:**

Pet Care visit \_\_\_\_ # of visits Allotted Time: \_\_\_\_\_  
Overnight visit \_\_\_\_ # of visits Allotted Time: \_\_\_\_\_  
Dog handling visit \_\_\_\_ # of visits Allotted Time: \_\_\_\_\_  
Day Care \_\_\_\_ # of visits Allotted Time: \_\_\_\_\_

Pet taxi: Y/N  
Pick up location and time:

Drop off location and time:

House check/No pets: Y/N # of visits \_\_\_\_  
Pet Care Packages : Y/N  
Key pick up charge: Y/N

Other: \_\_\_\_\_

Pet Care Furever will invoice you the total amount before services begin. Pet Care FUREver accepts cash, checks and credit card payments through Venmo & Zelle. Payment is due at the time of or prior to the first visit.

**The parties hereto agree as follows: This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits. Please inform us in writing of any changes regarding the client/pet profile.**

\_\_\_\_\_  
Date Pet Care FUREver (Client)