

Pet/Housesitting Client Information

Owner

Name _____

Address _____

City/St/Zip _____

Home Phone _____

Cell Phone _____

E-mail 1 _____

E-mail 2 _____

Home Information

Alarm code - disarm _____ arm _____

Password _____

Alarm Company/phone _____

Parking Instructions _____

Access to House

Will anyone else have access to the house while you are away? Please list names, phone numbers, and reason:

When you are out of town do you want us to:

- Water any plants? Y / N
- Bring in mail Y / N
- Newspaper Y / N
- Trash and/or Recycling Y/ N Day M T W TH F

How did you hear about Fur Nanny? _____

I have read, understand and agree with "Fur Nanny's" Policies Document.

Client Signature _____

Printed Name _____

Date _____

Emergency Care Authorization Form

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency, and prior to any form of treatment, I WISH TO BE CALLED AS SOON AS POSSIBLE AT _____. I will decide the proper course of action upon notification of the situation. If I am not able to be immediately reached, or do not respond to messages left requesting my immediate attention, I authorize Fur Nanny representative to transport the animal to a veterinarian and authorize basic medical care until I provide further instructions.

~~ OR ~~

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency I authorize Fur Nanny Professional Pet and House Concierge, LLC, or an agent on their behalf ("Contractor") to transport any of my pets for care to:

Name of Vet: _____
Address: _____
Phone: _____

- If it is after hours Contractor will follow emergency instructions left on the clinic answering machine and/or transport your pet to the nearest emergency facility.
- I give permission for the hospital/clinic staff/doctor to administer whatever care and/or medications necessary to treat my pet, with the exception of the following:

- Please call me for further authorization in the medical bills exceed \$ _____.
- Contractor has my contact information and will make every attempt to reach me.

Please check all that apply:

____ Please notify me immediately if my pet(s) are sick or injured, before seeking medical attention
____ Call me immediately and do whatever it takes to keep my pet(s) alive and comfortable until I can return.

- **I authorize any and all treatment, regardless of cost.** _____ (Initial)

____ Do NOT notify me, do whatever it takes to keep my pet(s) alive and comfortable until I can return.
____ Call me for authorization if my pet(s) must be euthanized, or to notify me if he/ she dies.
____ Do NOT notify me if my pet(s) die. If euthanasia is in the best interest of my pet and it is the doctor's opinion that my pet(s) will have no quality of life even if treated, please do so, but do not call me. I prefer to face this issue when I return.

- **In the event my pet(s) die or have to be euthanized,**

____ Please hold his / her body at the clinic. I will decide what to do when I return
____ Please cremate his / her remains, and I will pick them up (private cremation)
____ Please cremate his remains, but I do not want them back (group cremation)

- **I will assume full financial responsibility for all veterinary services rendered, regardless of where my animals are treated. Furthermore, I will not hold Contractors responsible for any additional pet or house related expenses that may arise in my absence.**

____ I will pay the veterinary bill in full when I return (please make arrangements w/ your vet)

____ Credit Card # _____ Exp. ____/____ SEC# _____

____ I have left a blank check with contractor (Fur Nanny).

Signature _____ Date _____

Hurricane/Disaster Plan

Please initial an option below and sign the bottom of the page; for details please see our policies page. You must indicate how you would like Fur Nanny Professional Pet and House Concierge, LLC, to handle your pets in the case of a hurricane, tropical storm or other natural disaster. You must choose either Option 1 or Option 2, which will be enacted in the event your home is uninhabitable. If you want your pets to remain in your home if it is possible, please choose Option 3 as well. *In any event, we must have a legible photocopy of your pets' vaccination records. No boarding facility will accept a pet without proof of current vaccinations.*

_____ **Option 1:** Emergency Caretaker Information

Name _____

Address _____

Phone number _____

Cell Phone _____

Other Phone _____

_____ **Option 2:** Boarding Facility Information

Name _____

Address _____

Phone number _____

Other Phone _____

_____ **Option 3:** Remains in your home.

I have read and understand all of my options. I have contacted and made arrangements with anyone associated with the above option choice.

Signature _____

Printed Name _____

Date _____

Pet Information

Please print and complete one form per pet or herd, and attach a copy of pet's vaccination record.

Last Name _____ Pet's name _____

Type Dog Cat Other _____

Sex (altered?) M F Sp/Neut. Age/DOB _____

Breed/color/identifying marks _____

Medical issues/Allergies _____

Living Area: Not allowed outdoors at all Not Allowed Indoors
 Only Allowed Outdoors on Leash Turn Out, Secure Area
 Allowed on Furniture ... Exceptions?

Restrict pet to certain area or crate when pet is alone
 Restrict pet to area/crate at all times
 Other Instructions _____

Food: Dry: Brand _____ Wet: Brand _____

Amount Fed _____ Amount Fed _____

Food Procedure: _____

Water: Tap Bottled Filtered Instructions: _____

Treats: Brand _____ Amount _____ When _____

Medication: Drug _____ Directions _____

Drug _____ Directions _____

Drug _____ Directions _____

Drug _____ Directions _____

____ I authorize the use of OTC medications for my pet (Kaopectate, Pepto Bismol, etc.)

Disposition: Good w/people No kids
 Good w/other animals No cats No dogs No other animals

Fears/Dislikes _____

Ever Attacked/Bitten Anyone? No Yes If yes, why? _____

Visit Information

Morning (between 5:00 am - 9:00 am) Requested time _____ am length _____

- | | |
|---|---|
| DOG(S) | CAT(S) |
| <input type="checkbox"/> Walk on leash (How far _____) | <input type="checkbox"/> Scoop litter pan |
| <input type="checkbox"/> Turn out in fenced yard | <input type="checkbox"/> Feed |
| <input type="checkbox"/> Feed | <input type="checkbox"/> Give Treats |
| <input type="checkbox"/> Change/refill water | <input type="checkbox"/> Play/brush |
| <input type="checkbox"/> Play/brush | <input type="checkbox"/> Let outside or on screened porch |
| <input type="checkbox"/> Give Medication _____ | <input type="checkbox"/> Give Medication _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Pets Feed / refill clean water | |

Mid-day (between 11:00 am – 2:00 pm) Requested time _____ am/pm length _____

- | | |
|---|---|
| DOG(S) | CAT(S) |
| <input type="checkbox"/> Walk on leash (How far _____) | <input type="checkbox"/> Scoop litter pan |
| <input type="checkbox"/> Turn out in fenced yard | <input type="checkbox"/> Feed |
| <input type="checkbox"/> Feed | <input type="checkbox"/> Give Treats |
| <input type="checkbox"/> Change/refill water | <input type="checkbox"/> Play/brush |
| <input type="checkbox"/> Play/brush | <input type="checkbox"/> Let outside or on screened porch |
| <input type="checkbox"/> Give Medication _____ | <input type="checkbox"/> Give Medication _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Pets Feed / refill clean water | |

Evening (between 3:00 pm – 6:00 pm) Requested time _____ pm length _____

- | | |
|---|---|
| DOG(S) | CAT(S) |
| <input type="checkbox"/> Walk on leash (How far _____) | <input type="checkbox"/> Scoop litter pan |
| <input type="checkbox"/> Turn out in fenced yard | <input type="checkbox"/> Feed |
| <input type="checkbox"/> Feed | <input type="checkbox"/> Give Treats |
| <input type="checkbox"/> Change/refill water | <input type="checkbox"/> Play/brush |
| <input type="checkbox"/> Play/brush | <input type="checkbox"/> Let outside or on screened porch |
| <input type="checkbox"/> Give Medication _____ | <input type="checkbox"/> Give Medication _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Pets Feed / refill clean water | |

Night (between 8:00 pm - 11:00 pm) Requested time _____ pm length _____

- | | |
|---|---|
| DOG(S) | CAT(S) |
| <input type="checkbox"/> Walk on leash (How far _____) | <input type="checkbox"/> Scoop litter pan |
| <input type="checkbox"/> Turn out in fenced yard | <input type="checkbox"/> Feed |
| <input type="checkbox"/> Feed | <input type="checkbox"/> Give Treats |
| <input type="checkbox"/> Change/refill water | <input type="checkbox"/> Play/brush |
| <input type="checkbox"/> Play/brush | <input type="checkbox"/> Let outside or on screened porch |
| <input type="checkbox"/> Give Medication _____ | <input type="checkbox"/> Give Medication _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Pets Feed / refill clean water | |

For Overnights, please check info as needed on the morning and night visits as these are included. If you have scheduled a Mid-day visit, please check that one as well. For **Ultimate Packages**, check info according to pets' schedules.