

**DOGGIES PLAYMATE, LLC
PET CARE INFORMATION SHEET**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DIRECTIONS: _____

HOME PHONE: _____ CELL PHONE: _____

HOW DID YOU HEAR OF US? _____

GATE CODE: _____ KEYPAD NUMBER: _____

ALARM CODE: _____ PASSWORD: _____

DATE & HOUR LEAVING TOWN: _____ RETURNING: _____

WHERE CAN YOU BE REACHED? _____

IN CASE OF EMERGENCY, CONTACT: _____

PET NAME(S): _____

SEX: _____

AGE: _____

COLOR: _____

WEIGHT (APPROX): _____

VACCINATIONS CURRENT? _____

MEDICAL CONDITIONS: _____

MEDICATIONS/DOSAGES: _____

DAILY DIET AND TIMES: _____

FOOD/WATER DISHES LOCATED: _____

FOOD LOCATED: _____

TREATS AND/OR VITAMINS: _____

DAILY WALKS? _____

LEASH LOCATED? _____

ANYTHING YOU WOULD LIKE US TO KNOW ABOUT OR DO FOR YOUR PET THAT MAY HELP US TO UNDERSTAND/CARE FOR HIM/HER BETTER? _____

RESTRICTIONS: _____

WOULD YOU LIKE US TO POOPER SCOOP? _____

LOCATION OF LITTER BOX/KITTY LITTER: _____

WASTE DISPOSAL WHERE? _____

LOCATION OF CLEANING SUPPLIES (ACCIDENT CLEANUP): _____

BRING IN MAIL? _____ KEY? _____ MAILBOX NUMBER _____

MAILBOX LOCATED: _____

DO YOU RECEIVE A NEWSPAPER? _____

WILL YOU LEAVE LIGHTS ON AND IF SO, DO YOU WANT THEM ALTERNATED? _____

ALTERNATE BLINDS? _____ LEAVE TV OR RADIO ON? _____

WILL PET CARE RESPONSIBILITY BE SHARED WITH ANYONE ELSE DURING YOUR ABSENCE? _____

OTHERS WHO WILL HAVE ACCESS TO YOUR HOME (I.E. OTHER FAMILY MEMBERS, HOUSEKEEPER): _____

WILL YOU GIVE US A HOUSE KEY OR WILL WE ENTER ANOTHER WAY? _____

HOW WOULD YOU LIKE US TO RETURN YOUR KEY? _____

BY MAIL? _____ LEFT ON LAST VISIT? _____ YOU'LL PICK UP? _____

HOW WILL YOU BE PAYING FOR SERVICES? CASH _____ CHECK _____

PAYMENT MUST BE MADE PRIOR TO YOUR DEPARTURE

BY SIGNING THIS, I AM CONFIRMING THAT THE ABOVE INFORMATION IS CURRENT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____