

Pet Nanny, Inc. CLIENT PROFILE/CONTRACT

Part I

Date: _____ Referred by _____

Name: _____ Phone: _____

Address: _____ City/State/zip: _____

Cell Phone/Pagers: _____ e-mail _____

Date & Hour leaving: _____ Date & Hour returning: _____

Where you can be reached: _____

| Emergency Contacts: | Telephone | Relationship | Key to Home? |
|---------------------|-----------|--------------|---|
| _____ | _____ | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> |
| _____ | _____ | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> |

Others who have access to your home (cleaning, plumber, etc): _____

Location of fuse box/circuit breaker: _____

Is security system in place? Y N Alarm Company's Name/Phone: _____

House Access Code, Entrance/ Exit: _____ Alarm Instructions: _____

Garage Code: _____ Instructions _____

Part II

| Pet's Name | Sex M/F | Breed/Color | Personality | Pet DOB | Food/Diet | Meds. |
|------------|---------|-------------|-------------|---------|-----------|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Vet Preference: _____ Phone: _____

Vet Address: _____

Pet Food/Treats located : _____

Toys located: _____

How are pets secured in yard?: _____ Leash located: _____

Indoor Accident Clean-up Supplies? _____ Extra Paper Towels _____

Location of litter box, scoop & disposal of contents _____

Will Pet Nanny care responsibility be shared with anyone else during your absence? _____

How do pets react to your absence from home? _____

How do your pets react to storms/lightening? _____

Are you aware of any reason we should approach any of your pets with **caution**? _____

Will you have a TV or radio on? Y N _____

House Plants? Y N Locations: _____ Frequency: _____

Outdoor Plants? Y N Locations: _____ Frequency: _____

Mail? Y N Newspaper? Y N Frequency: _____

Key Received and tested? Y N Key kept in Pet Nanny care? Y N

Extra trip to pick up key? (\$10) Y N Key Returned? (\$10) Y N

Please Note: The utmost care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extra-ordinary or unusual nature (i.e., biting, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death, or fines of pet(s) with access to the outdoors. All pets are to be currently vaccinated with proof of vaccinations(s).

Pet Nanny is paid in advance.

Payment: Cash \$ Check # Amount \$ _____ Visa MC

Credit Card # _____ Expiration Date _____

Security Code _____

Client's Signature _____ Date _____

Print Name _____

THANK YOU FOR CHOOSING PET NANNY, INC.



Pet Nanny, Inc.
42032 Saltz Road
Canton, Michigan 48187
(734) 981-6108

VET NOTIFICATION

Dear Dr. _____

This is to inform you that I have contracted the services of *PET NANNY, INC.* to care for my pet (s).

On-going care throughout the year.

Whenever hired by Pet Nanny, Inc.

Should my pet(s) require medical attention while under the care of my pet sitter, I authorize you to extend treatment*. I will be responsible for the payment of your Veterinary services.

Thank you,

Pet Owners Signature

Print Pet Owners name

Name(s) of Pet(s)

1. _____ 2. _____
3. _____ 4. _____

***Exclusions:**



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