



## **Sweet Petunia Pet Care, LLC**

Providing sweet, professional, loving care for your pets while you're away.

Thank you for taking the time to read and fill out the following information. I believe the more I know about your pet(s) the more personalized care I can provide. It is important to me for all pets in my care feel safe, comfortable and loved.

Sincerely,

Jessica Ippolito-Soi, Owner/Caregiver

## Client Information:

Full Name: \_\_\_\_\_

Partner/Spouse Full Name: \_\_\_\_\_

Address: Street/Apt#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

How did you hear about Sweet Petunia Pet Care, LLC?

\_\_\_\_\_

If necessary, will you be leaving a house key for/with Sweet Petunia Pet Care? \_\_\_\_\_

If yes, please describe where: \_\_\_\_\_

\_\_\_\_\_

If necessary, will you be leaving a garage or alarm code with Sweet Petunia Pet Care? \_\_\_\_\_

If yes, please type or print code here: \_\_\_\_\_



**Emergency Contact Information:** Please be sure to list someone you trust to make decisions on your behalf in case of an emergency. Please be sure this person is aware you listed them on this form.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_

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

Type of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

If "No" please provide reason: \_\_\_\_\_

Wellness exam, vaccinations and negative stool sample current: \_\_\_\_\_

If "No" please provide reason: \_\_\_\_\_

Microchipped?

If Yes, microchip number: \_\_\_\_\_

Is your pet currently being treated for any illness or injuries? \_\_\_\_\_

If "Yes" please explain: \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_

If "Yes" please list all names of medications, dosing and dosing instructions along with any other necessary information: \_\_\_\_\_

**Veterinarian Information:** Please note it is the pet parent's responsibility to provide accurate proof of current health evaluations and vaccination history. This information is required to be on file with Sweet Petunia Pet Care, LLC for any and all services provided.

Veterinary Practice Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Alternative Veterinary Information (If any): \_\_\_\_\_

Veterinary Practice Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinary Phone: \_\_\_\_\_

## Pet Information Continued...

### Please answer the following:

1. Has your pet EVER tried to escape from your house or yard? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Has your pet EVER shown signs of aggression? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Is your pet afraid of thunder, lightning or loud noises? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Is your pet sensitive to touch on ANY area of the body? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Has your pet ever shown signs of separation anxiety? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. If your pet has a bathroom command, what is it? \_\_\_\_\_

7. What brand of food does your pet eat? \_\_\_\_\_

Variety: \_\_\_\_\_

Please indicate feeding schedule, amount of food given at each feeding and any other necessary information: \_\_\_\_\_

\_\_\_\_\_

Please share additional information about your pet that you feel is necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SWEET PETUNIA PET CARE POLICIES:**

### **BOARDING AND DAY CARE:**

#### **Dogs:**

Current rabies, distemper and bordetella vaccinations as well as a current negative stool sample. Dogs must be treated with a veterinary recommended flea and tick preventative.

Please note canine influenza vaccination strongly suggested.

Dogs over 6 months of age must be spayed or neutered.

Dogs must be housebroken.

Crate trained dogs are preferred. Other arrangements may be made at my discretion.

#### **Cats:**

Current rabies, distemper vaccinations as well as a current negative fecal sample. Cats must be treated with a veterinary recommended flea and tick preventative.

Please note feline leukemia vaccination strongly suggested.

Cats over 6 months of age must be spayed or neutered.

Cats must be litter box trained. Please be prepared to provide litterbox and litter.

#### **IMPORTANT:**

For the safety and well-being of all pets, all potential day care and boarding dogs must schedule a meet and greet prior to their stay. The meet and greet may take place in my home or in yours. Please be prepared to spend up to 30 minutes with your pet at this meeting. There are no additional charges for the meet and greet. Please schedule in advance with enough time to make alternative arrangements if the meet and greet does not work out. While I have had much success, sometimes certain pets are not compatible. All final decisions will be made by myself.

**All pets entering my home must be mild tempered, well socialized and happy around the resident children, dogs and cats!**

**No exceptions.**

## PET CARE POLICIES CONTINUED...

### DAILY DOG WALKS:

Current rabies vaccination. Please be prepared to provide a rabies vaccination certificate.

Properly functioning leash, collar or harness.

A Gentle Leader Head Collar or Easy Walk Harness, by PetSafe, is strongly recommended for stubborn walkers.

A supply of waste pick-up bags.

**PLEASE NOTE:** I will not use a retractable leash to walk your dog. Please be prepared to provide a regular nylon or leather leash for walks. Pups with basic leash manners are appreciated. If your dog is unruly or aggressive on a leash, I will use an appropriate walking alternative to temper the issue. If I can find a suitable alternative, I will expect you to purchase one of your own. Example: Gentle Leader Head Collar or Easy Walk Harness. While I have experience and knowledge of basic obedience training, I am NOT a trainer! I want to provide a pleasant walking experience for your dog!

### DROP IN VISITS:

Ample supply of food, litter, bedding and medications if indicated. Please always leave extra!

Accessible cleaning supplies such as broom, dustpan, paper towels, appropriate spray cleaners and trash bags.

I will not let dogs out in a yard that are contained by an electric fence.

I do not provide extended drop in visits to pets with a history of diabetes, seizures, urinary blockage or other serious medical conditions. These pets require close monitoring and have a higher incidence for the need of emergency veterinary care. I do provide boarding in my home and believe this is a safer option for these pets.

**\*If you have any questions or concerns regarding Sweet Petunia Pet Care, LLC's policies, please do not hesitate to contact me!**

## **PAYMENT POLICIES:**

### **Boarding:**

Payment is expected on the last day of boarding at the time of pick up. For pets boarding over 7 days, a 50% deposit is required at time of drop off. The remainder is due at the time of pick up.

### **Walks and Day Care:**

Payment is expected on the last walk or day-care day of the week on a per week basis.

### **Drop-In Care:**

Payment is expected, in full, on the first day of scheduled drop in visit.

### **Payment Options:**

Cash

Venmo: [venmo.com/Jessica-Ippolito-Soi](https://venmo.com/Jessica-Ippolito-Soi)

Personal check made payable to: Sweet Petunia Pet Care, LLC

## Please initial and sign the following:

### **Pet Care Policies:**

I have read and understand Sweet Petunia Pet Care, LLC's Pet Care Policies.

**Please Initial:** \_\_\_\_\_

### **Payment Policies:**

I have read and understand Sweet Petunia Pet Care, LLC's payment policies and options.

**Please Initial:** \_\_\_\_\_

### **Photo & Video Consent:**

I grant Sweet Petunia Pet Care, LLC the right to use photographs or video of my pet, in conjunction with other pets or objects in presentations, advertising, publicity, and promotion relating thereto.

**Please Initial:** \_\_\_\_\_

### **Medical Information & Waiver:**

Please note, if your regular veterinarian/animal hospital is not available, and/or in the event of a pet emergency, Sweet Petunia Pet Care will seek appropriate medical treatment for your pet at the Animal Emergency Clinic of the Hudson Valley, 84 Patrick Lane, Poughkeepsie, NY.

By Signing the following I acknowledge that I have explained all known health conditions of my pet to Jessica Ippolito-Soi at Sweet Petunia Pet Care, LLC. Additionally, I authorize Jessica Ippolito-Soi of Sweet Petunia Pet Care, LLC to seek appropriate and timely medical treatment for my pet in the event of a medical emergency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for trusting Sweet Petunia Pet Care!**