

# Fido and Fluffy Petcare.com



## Client Form

Email form to: [ktspetcare@aol.com](mailto:ktspetcare@aol.com)

Client(s) Name (s) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Wi Fi Username \_\_\_\_\_ Wi Fi Password \_\_\_\_\_

Security Alarm Passcode: *(If applicable)* \_\_\_\_\_

Start Date \_\_\_\_\_ Start Time \_\_\_:\_\_\_ AM/ PM End Date \_\_\_\_\_ End Time \_\_\_:\_\_\_ AM/ PM

Referred By \_\_\_\_\_

### **Please check the following services that apply:**

\_\_\_ Single Visit per Day \$25

\_\_\_ Two Visits per Day \$40

\_\_\_ Overnight Care per Day \$60

\_\_\_ Dog Walking \$18 *per 1/2 hour walk*

Pet Sitting services are available on a first come first served basis. Rates are based on 1pet.  
Additional pet fee \$5. Cancellation fees may apply.

### **Pet Information:**

Dog  Cat  Pet Name \_\_\_\_\_ Age \_\_\_\_\_

Dog  Cat  Pet Name \_\_\_\_\_ Age \_\_\_\_\_

Dog  Cat  Pet Name \_\_\_\_\_ Age \_\_\_\_\_

Dog  Cat  Pet Name \_\_\_\_\_ Age \_\_\_\_\_

### **Feeding:**

Type of Food: Wet  Dry  Both  Quantity Per Feeding: \_\_\_\_\_

Additional Treats Given: \_\_\_\_\_

### **Medications:**

Please list all Medications including vitamin's \_\_\_\_\_

Dosage: \_\_\_\_\_ Administered: \_\_\_:\_\_\_ AM \_\_\_:\_\_\_ PM

**Potty Routine:**

When: \_\_\_\_: \_\_\_\_ AM \_\_\_\_: \_\_\_\_ PM Location: (Outside/ Litter Box, etc.) \_\_\_\_\_

**Exercise/ Playtime:** When: \_\_\_\_: \_\_\_\_ AM \_\_\_\_: \_\_\_\_ PM Location: \_\_\_\_\_

**Pet Sleeping Area:** \_\_\_\_\_

**Waste Disposal Location:** \_\_\_\_\_

**Garbage/ Recycling:** What day do I put out the cans for pick up? \_\_\_\_\_

**Mail:** Where should I place your mail? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Emergency Information:**

**IN CASE OF EMERGENCY AND I CANNOT BE REACHED, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Veterinary Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I, \_\_\_\_\_ authorize Fido and Fluffy Petcare, aka KT Rinaldi, to bring my pet to the Veterinary Hospital listed above if they are in medical need of assistance and I will take full responsibility to pay in full, all medical costs resulting from veterinary care. However, in the event of a medical emergency or pre-existing medical condition that is worsening or causing my pet pain or discomfort, Fido and Fluffy Petcare., aka KT Rinaldi, will make every reasonable attempt to contact me at the emergency numbers that I have provided, but will proceed with treatment to alleviate pain, if unable to reach me. I agree to pay all charges associated with rendering medical services to my pet.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

