



Sleep Tight Pet Care

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www.sleeptightpetcare.com

ensure you and your pets a good night's sleep while you're away

INFORMATION SHEET

Date: _____

Owner: _____

Street Address _____

City & Zip Code _____

Phone: home: _____ work: _____

cell: _____

Email: _____

Emergency number: _____

Pet #1 Information

Name _____ aka _____

Sex: _____ Age: _____ Birthday: _____

Breed/Description _____

AM Diet _____ PM Diet _____ Treats _____

Brand of food: _____ Where is food stored: _____

Food Allergies: _____

Special feeding requirements: _____

Vaccines Current? _____ Vaccines Due Date _____

Flea Prevention: _____ Heartworm: _____

Injuries/Special needs: _____

Exercise requirements: _____ Favorite game: _____

Favorite toy(s): _____

Favorite place to be pet/scratched: _____

Known commands: _____

Can pet ride in car?: _____

Swimmer?: _____

Behavior problems/habits/issues: _____

OK with children?: _____

OK with other dogs?: _____

Fears (thunder/fireworks, etc.): _____

Can pet be off leash?: _____

Other info such as: how long in the home, how was pet acquired, how do pets react to strangers, other animals? _____

Potty/Litterbox Routine: _____

Where is cat/dog carrier? _____

GROOMING:

Does pet like to be brushed? _____

Nails clipped?: _____

Where are grooming supplies?: _____

MEDICATION:

Medical history: _____

Where is it stored? _____

Name of med(s)? _____

Dosage? _____

What time of day? _____

How many times per day? _____

Does pet take it well? (If necessary- demonstration by client how to administer) _____

CLEANING INSTRUCTIONS:

Do pets ever have accidents? _____

What usually causes them? _____

How do you clean up the mess? _____

Where are cleaning supplies? _____

Where is broom/dust pan? _____

Where do you keep litter, box liner? _____

Where are poop bags? _____

HOUSE RULES:

Are pets allowed on furniture? _____

What are sleeping arrangements? _____

Bedtime routine, if any? _____

OUTDOOR INSTRUCTIONS:

Where is leash? _____

Where to walk? _____

How far to go? _____

Any animals or people the pet should stay away from? _____

Where to put "used" poop bags? _____

Leash trained? _____

Problems going outside in bad weather? _____

Off leash OK at parks? _____

Come on command? _____

Where are "dog" towels to wipe paws in inclement weather? _____

HOUSEHOLD INFORMATION

Water plants? _____

Trash day/where are trash cans? _____

Bring in mail/papers? _____

Shades, windows, lights rotated? _____

Alarm (where is it?) code _____

Answer phone? _____

Retrieve answering machine messages? _____

A/C, heat information, where is thermostat? _____

Other _____

Who else has access to household? _____

Who may be in the home while service is being provided? _____

Who else has a key? Phone numbers and/or addresses of these people:

KEY RELEASE

I authorize the representative of the Sleep Tight Pet Care (STPC) to use my house key during the time she/he will be caring for my pet(s). If STPC does not keep my keys on file after the first two series of visits, there will be a \$_____ charge to pick up and return them to me (unless left in designated place). Indicate before visits occur by checking the appropriate box:

_____ Please leave my keys inside my home after the last visit

_____ Please keep my keys for future visits until further notified.

_____ Please leave my keys in designated place

Signature _____ Date: _____

STPC Representative: _____

VETERNARIAN INFORMATION:

Name: _____

Address: _____

Phone number: _____

Office hours: _____

IN THE EVENT YOUR PETS ARE ACTING UNUSUAL (example: not eating, reclusive, combative)

_____ Contact the client immediately

_____ Trust our judgment

IN THE EVENT YOUR PETS ARE OBVIOUSLY SICK (example: not eating, throwing up, labored breathing, foreign matter in litter box)

_____ Contact client first

_____ Take pet to the vet

VETERNARIAN NOTIFICATION

During my absence, a representative of Sleep Tight Pet Care will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and I will be responsible for payment upon my return.

Please file this notification with my records until otherwise notified.

Pet Owner: _____ Date _____

Pet Names(s) _____