



PUPPY LUV PET CARE

Jessica Murray and Natalie Clark
Lexington, KY
puppyluvlexington@gmail.com

Pet Owner:				
Full Address:				
City/State/Zip				
Home Phone		Cell Phone 1		Cell Phone 2
Email Address				

PETS

	NAME	AGE	CAT/DOG	BREED/COLOR
PET 1				
PET 2				
PET 3				
PET 4				

WHERE TO FIND US

Where we'll be:				
Address:				
Phone:				
Date/time leaving:			Email:	
Date/time expected home:				
NOTE:	PLEASE EMAIL OR CALL ME AS SOON AS YOU RETURN. OTHERWISE, I WILL CONTINUE TO CARE FOR YOUR PETS AT THE SAME RATE PER VISIT IN ORDER TO KEEP THEM COMFORTABLE.			

INSTRUCTIONS

Visits per day:	Circle all that apply: AM Noon After PM			
Meals and snacks:				
Walk schedule:				
Allergies:				
Medications:				
Hiding places:				
Favorite toys or games:				
Phobias:				
Brand of food:		Where to purchase food:		
Locations		Food:		
Cleaning supplies:		Leash:		
Litter box:		Litter:		
Other items:				

ADDITIONAL INFORMATION

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PET MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name and address):	Phone:
Emergency veterinary clinic (name and address):	Phone:
Neighbor or friend:	Phone:
<p>We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care.</p> <p>YES NO CALL US FIRST</p>	
Signature:	

HOME EMERGENCY INFORMATION

Here's information you'll need in case you notice a break-in, fire, gas odor, flood, or electrical problem when you arrive.	
Police:	911
Fire department:	911
Nearest intersection:	
Gas company:	Phone:
Location of gas shut-off valve:	
Water company:	Phone:
Location of water shut-off valve:	
Electric company:	Phone:
Location of breaker panel:	
<p>We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work.</p> <p>YES NO CALL US FIRST</p>	
What door does key open?	
Does anyone else have a key?	
Garage Door Code:	
Security Code:	
Rate per visit:	How did you hear of Puppy Luv?
Signature:	