

Fido and Fluffy Pet Care New Client Form



KT Rinaldi
206.240.2385
ktspetcare@aol.com
www.fidoandfluffypetcare.com

Clients Name _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Referred By _____

Start Date _____ **Start Time** ____ : ____ **AM/ PM**

End Date _____ **End Time** ____ : ____ **AM/ PM**

Please check the following services that apply:

Single Visit Two Visits per day Overnight Care Dog Walking

\$25 per day **\$35 per day** **\$50 per night** **\$18 per 1/2 hour walk**

Pet Sitting Rates are based on 1 -2 pets. Additional \$5 pet fee will be applied.
Pet Sitting services are available on a first come first served basis.

Pet Information:

Pet Name _____ Dog Age _____ Cat Age _____

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Pet Name _____ Dog Age _____ Cat Age _____

Feeding:

Type of Food: Wet Food AM PM Dry Food AM PM

Quantity Per Feeding: _____ Additional Treats Given _____

Medications:

(List All Medications) _____

Dosage: _____ Administered: ____ : ____ AM ____ : ____ PM

Potty Routine:

When: ___ : ___ AM ___ : ___ PM Location: (Outside/ Litter Box, etc.) _____

Waste Disposal Location: _____

Exercise/ Playtime: When: ___ : ___ AM ___ : ___ PM Where: _____

Sleeping Area: Pet Bed Crate Basket Other _____

Mail Delivery/ Pick Up: Time: ___ : ___ Where to place mail: _____

Garbage/ Recycling Pick Up: Time: ___ : ___ Where to place Cans: _____

Special Notes: _____

Emergency Information:

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

Name _____ Relationship _____ Phone _____

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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** _____



