

The Pet Nanny Lakeland LLC
Overnight or Pet Visit Client Meet and Greet Form

Owner Name(s): _____

Home Phone: _____

Cell Phone: _____

EMAIL: _____

****Best emergency contact / number while client is away:** _____

How did client hear about us? _____

Pet Information:

- | | | | | |
|----------|------------|-------------------------------|---------------------------------|------------------|
| 1) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |
| 2) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |
| 3) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |
| 4) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |
| 5) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |
| 6) _____ | Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Type/Breed _____ |

Medical issues to be aware of and medication to administer during pet sit:

Vet Name: _____ Vet Phone: _____

Vet Address: _____

- Veterinarian Release Form Signed by Client
- Pet(s) Current on all Vaccinations
- Client Contract Signed by Client

Feedings: AM (time: _____) Mid-day (time: _____) PM (time: _____)

Other Pet Information:

- On-Leash ONLY No Treats Monitor Feedings
- Indoor Only
- Flight Risk / Describe: _____
- Outdoor Only / Describe: _____

Not allowed on/in the following furniture/rooms/locations: _____

Location for pet(s) when visit/sit is complete: _____

Other pet information to be aware of: _____

House and Pet Sit Information for Overnights & Visits (page 2)

Alarm On Off while client is away

Alarm ON Code: _____ Alarm OFF Code: _____

Company Name/Number: _____

Verbal Password: _____

Key:

- Leave on final visit
- Have sitter hold for future use
- Drop to client after sit is complete
- Neighbor has key

Locations and Details

- | | |
|--|---|
| <input type="checkbox"/> Garbage Day: _____ | <input type="checkbox"/> Put Mail: _____ |
| <input type="checkbox"/> Garbage Can Location: _____ | <input type="checkbox"/> Food Location: _____ |
| <input type="checkbox"/> Litter Box: _____ | <input type="checkbox"/> Water Location: _____ |
| <input type="checkbox"/> Recycle Container: _____ | <input type="checkbox"/> Vacuum: _____ |
| <input type="checkbox"/> Carpet Cleaner: _____ | <input type="checkbox"/> Muddy Dog Towels: _____ |
| <input type="checkbox"/> Open/Close Drapes: _____ | <input type="checkbox"/> Evening Light(s) On: _____ |

Indoor/Outdoor plants that need watering while client is away:

Who, if anyone else, has access to the home during the pet sit? Housekeeper, relatives, friends:

Additional special instructions about pets/house I should know?

01/12/17 GB