



Pet Care Sheet

Please complete one Profile per pet or litter.

Pet Name: _____

Breed: _____

Sex: M F

De-clawed: Y N Neutered: Y N

License #: _____

Microchip/Tattoo/Dog Tag #: _____

Physical Description:

Birth date: _____ Or Age: _____

Weight: _____ Or Size: _____

Feeding Instructions: check all that apply

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ minutes

___ Dry Food Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
___ Wet Food Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
___ Medication(s) * Amount: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
___ Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
___ Treats Brand/Name: Amount per Visit: Location:		Notes: 	

* List additional medications on back of this sheet if needed

Other Pet info: please check all that apply

NOT allowed outdoors at all

Allowed on furniture, counters, beds

ONLY allowed outdoors on leash

Restrict pet area/crate only when pet is alone

Turnout, invisible fenced yard **with collar**

Restrict pet area/crate at all times

Turnout, secure fence: _____

Restricted area/off limit areas:

Turnout, no fence, doesn't leave yard

NOT allowed indoors

Medical History:

Ongoing or reoccurring illnesses, injuries, treatments or medications: _____

Pet allergies: _____

Symptoms to look for: _____

Rabies Vaccine up to date? ___Yes ___No

Is pet on heartworm medication? ___Yes ___No

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|--|--|---|
| <input type="checkbox"/> Leashing | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Rain / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Petting/Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Ears Touched | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Other |

Pet reacts to the above by: _____

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to? _____

How can he/she be retrieved? _____

Commands:

Please circle commands we know, and underline commands we are working on.

Sit	No	Outside	Make Poo	Potty	Bad_____	Bath	In the House
Stay	Down	Walk	Food	Who's here	Good_____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop (it)	Come-on	_____
Heal	Out	Walk nice	Cookie	Naughty	Don't touch	Off	_____

Allowed to go for rides in pet sitter's vehicle? ___Yes ___ No ___ Medical or other emergencies only

May we take a picture of your pet? ___ Yes ___ No

If so, may we post your pet's picture online at www.hpcluvspets.com? ___Yes ___ No

Favorite games, toys and activities:

Printed Name: _____

Signature: _____ Date: _____



Hooves, Paws & Claws Professional Pet Sitters, LLC

941-219-9823 www.hpcluvspets.com sitters@hpcluvspets.com
 4949 State Road 64 E. #209, Bradenton, FL 34208

Rates and Services 2009

Cat & Caged Critters	Pet Sitting Packages	Farm Visit Packages	Mid-Day or Daily Walks	Overnights
<i>This visit is for Cats and Critters like Hamsters, Lizards, Fish, Birds, etc</i>	<i>Great for Dogs or multi pet families. For Vacations, weekend trips, Business trip, etc.</i>	<i>From Horses to Livestock, we will feed-up, muck stalls and more!!</i>	<i>Working long hours, have a ball of energy or a new puppy that needs a mid-day visit?</i>	<i>Includes a dinner visit and return for overnight. Add a Mid-day for only \$10</i>
1 st Visit \$ 13	1 st Visit \$ 18	1 st Visit \$ 30	\$16 per visit	\$60 per visit
2 nd Visit \$ 24	2 nd Visit \$ 34	2 nd Visit \$ 50	Need on going Mid-day visits, check out special above – You can <i>Save \$20</i>	Add a Mid-day for only \$10
3 rd Visit \$ 35	3 rd Visit \$ 50	3+ Visits \$15 each additional visit		

Specials

New Client & Referrals

\$10 off Your First Service
 New customers only, with 3 or more visits paid.

Collect a \$5 Credit For Every Referral
 Every referral that books service with us earns \$5 to your account.

Weekly Dog Walking Special!*

ONLY \$60

Save \$20 - Book on a monthly basis for Mon-Fri visits

Great for those that work long hours, that high energy dog that needs extra play time, or a mid-day potty break for that new puppy!

First Responders & Military Personnel

10% Discount

Just our way to say

THANK YOU!

Important Terms

Payment and a **signed & completed Service Request** due before service starts. With prior arrangements you may leave a check in full. Checks made out to **HPC Pet Sitters or Hooves, Paws & Claws Pro Pet Sitters**

\$5 Holiday Charge - New Years Eve, New Years Day, Easter Sunday, 4th of July, Labor Day, Memorial Day, Thanksgiving, Christmas Eve & Christmas Day

Refunds & Cancellations

Holiday	Payment in full is charged (no refunds)
0-48 Hrs	Payment in full is charged (no refunds)
2-7 Days	20% of Service total is due (80% refund)
8+ Days	No charge, refund in full

This request **must be confirmed** by Hooves, Paws & Claws Prof. Pet Sitting Service, and a **Signed Copy must be left for the pet sitter**. By submitting this request, I agree to all terms as stated on [our website](#).

Signature: _____

Date: _____