

Fabiola's Pet Care Dog Walking and Pet Sitting Services

Contacts: 571-437-7003 E-mail: Fabiolaspetcare@gmail.com Web Site: Fabiolaspetcare.com

CLIENT CONTACT INFORMATION AND REGISTRATION FORMS

Client's Name 1.		Work 1.	
Client's Name 2.		Work 2.	
Phone		Address	
Cell 1.		City, State zip code	
Cell 2.		E-Mail	

HOME SECURITY INFORMATION

Location of alarm Panel		Disarm Code	
Alarm's Company Name		Password	
Phone number to company		Garage Code	
Arm Code		Account Number	

LOCATIONS OF:

INSTRUCTIONS FOR:

Breaker Box		Handling of Trash	
Water Shut off		Trash pick days	
Flashlights		Mail/Newspaper	
Cleaning Supplies		Parking Locations	
Trash inside		Lights	
Trash out		Blinds	
Thermostat		Watering Plants	
Medicine Cabinet 1 st aid kits		Other	

HOME ENTRY AUTHORIZATION /AGREEMENT

I authorize Fabiola's Pet Care Dog Walking and Pet Sitting services staff the entry to my home to care for my pet (s) as ordered and following the home entry instructions

Authorizing Signature: _____ Date: _____

We require at least 2 set of keys for service, 1 for service and 1 for office back –up. Gated and private neighborhoods we require the provision of gate keys/fobs to pass through the gate; Time spent to pick up and drop off or to receive access is time away from your pet.

We also require the provision of parking permits to allow easy and legal parking without risk of towing.

You understand that if you do not provide a parking permit and your Fabiola's Pet Care provider gets towed due to this you will be fully responsible for the towing expense and duration of the time the provider spends on getting their vehicle back \$35/hr. To avoid unnecessary frustration please provide us with the necessary access keys/permits/fobs before starting services.

Agreement Signature: _____ Date: _____

Do you have a Housekeeper or any contractors (cleaning, gardeners etc.) coming to your home while we are providing services? If yes please us know on what day (s) and what time they provide services. Please provide company's name and number.

EMERGENCY CONTACTS

Name		Name	
Phone		Phone	
Cell		Cell	
Do they have copies of Keys	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do they have copies of Keys	<input type="checkbox"/> Yes <input type="checkbox"/> No

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PET 1 INFORMATION

Pet's Name		Feeding directions	
Age/ Date of Birth		Medications/Directions	Medications/Directions
Allergies		1.	4.
Health Issues		2.	5.
Aggressive issue		3.	6.
Immunizations:	Expiration Date:	Immunizations:	Expiration Date:
1. Rabies		4. Fecal	
2. Distemper		5. Physical	
3. Bordetella		Cat/ Dog/ Other/ Color	

PET 2 INFORMATION

Pet's Name		Feeding directions	
Age/ Date of Birth		Medications/Directions	Medications/Directions
Allergies		1.	4.
Health Issues		2.	5.
Aggressive issue		3.	6.
Immunizations:	Expiration Date:	Immunizations:	Expiration Date:
1. Rabies		4. Fecal	
2. Distemper		5. Physical	
3. Bordetella		Cat/ Dog/ Other/ Color	

PET 3 INFORMATION

Pet's Name		Feeding directions	
Age/ Date of Birth		Medications/Directions	Medications/Directions
Allergies		1.	4.
Health Issues		2.	5.
Aggressive issue		3.	6.
Immunizations:	Expiration Date:	Immunizations:	Expiration Date:
1. Rabies		4. Fecal	
2. Distemper		5. Physical	
3. Bordetella		Cat/ Dog/ Other/ Color	

PET 4 INFORMATION

Pet's Name		Feeding directions	
Age/ Date of Birth		Medications/Directions	Medications/Directions
Allergies		1.	4.
Health Issues		2.	5.
Aggressive issue		3.	6.
Immunizations:	Expiration Date:	Immunizations:	Expiration Date:
1. Rabies		4. Fecal	
2. Distemper		5. Physical	
3. Bordetella		Cat/ Dog/ Other/ Color	

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VETERINARIAN INFORMATION

Clinic's Name		Fax Number	
Veterinarian Name		Notes:	
Phone Number		Notes:	
Address City, State zip code		Do they have credit card number on file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Emergency Authorization plan:

Fabiola's pet care is committed to serving your pet's needs. Our agents are not medical professionals or veterinary technicians.

For this reason should your pet need urgent medical attention while in our care, we ask that we have your permission to transport your pet to your vet or the closest animal emergency veterinarian.

In case if an emergency we will make every attempt to contact you and/or your emergency contact (s) using the provided information. In the event that neither you nor your emergency contact (s) can be reached or in the event of life threatening situations where time is of the essence, we ask that we have your permission to transport your pet to request treatment, consult with the vet and have access to your pet(s) veterinary record. You authorize Fabiola's Pet Care to charge you for all related costs including transportation.

Billing for your veterinary service is between you and your veterinary facility.

Agreement Signature: _____ Date: _____

Emergency Medical Care "After Hours"

We will take your pet to the nearest 24hr emergency facilities in case of after emergency.

The above medical emergency authorization plan will go into effect.

I understand and accept the Medical Emergency Authorization Plan as Described above.

Authorizing Signature: _____ Date: _____

In case of Emergency Credits Card Authorization for my Home and pet (s)

I authorize emergency work to be done in my home to prevent any damage in case an emergency arise. Please use credit card listed below. We also give permission authorizing a veterinarian to charge my credit card and treat my pet (s) if they become ill as deemed necessary by a veterinarian.

Authorizing Signature: _____ Date: _____

Transportation Authorization

I authorize my pet sitter to transport my pet as order or in case of emergency. My pet sitter is not responsible for any medical issues or injuries that may be incurred during transportation that may occur as a result of circumstance beyond its control.

Agreement Signature: _____ Date: _____

CREDIT CARD INFORMATION

Name on card		Expiration date	
Type of card		V-code	
Card Number		Limit to use	

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SERVICES POLICY AGREEMENT

HOURS OF OPERATION:

Office hours are from 6:00 AM – 6:00 PM, Monday - Friday

Service hours are from 6:00 AM – 10:00 PM, week and weekends.

INCLEMENT WEATHER:

As long as the roads and weather permit, we will service your pet as requested. If driving conditions are hazardous, we will make every effort to notify you and work on a contingency plan together with you. The safety and well-being of your pet and our staff is very important to us, so we will take the time and effort to make things happen.

PAYMENT:

We accept payments by check, and exceptionally in cash with prior agreement with Fabiola Saavedra only. Payment is due on the first day or last day of service for pet sitting and overnight care. Dog walking service is billed on a weekly basis. Checks are made payable to Fabiola Saavedra.

There is a \$35 fee for returned checks.

RATES:

Our rates are competitive with other bonded and insured businesses in the area. Due to the high demand for service, we ask for Federal Holiday surcharges. Rates are subject to change without prior notice. For the most up-to-date overview of services and rates, please check our website at

www.fabiolaspetcare.com

CANCELLATIONS:

There is no charge for cancellations please give us 24 hr. notice for dog walks and petting. Due to high demand of service, cancellations must be received 7 days in advance, for overnight.

HEALTH & HYGIENE:

Although we are not veterinary technicians, we consider it our responsibility to observe your pet's health and alert you in our service log if we notice anything unusual about the appearance, behavior or the stool of your pet that might suggest an illness. We are responsible and prepared. We always carry a first-aid kit. We also ask all our customers to provide us with emergency and veterinary details, so we know what to do if something happens that cannot wait.

Fabiola's Pet Care staff considers it their duty to be hygienic and eliminate germ spreading by washing or sanitizing hands after each pet visit. We always carry a hand sanitizer with us in our car. Antibacterial soaps and hand sanitizers are designed to offer the extra protection of killing germs. We follow the guidelines of the Centers for Disease Control and Prevention and of the Soap & Detergent Association:

<http://www.cdc.gov/cleanhands/> and <http://www.cleaninginstitute.org/>

VACATION / ILLNESS:

Fabiola's Pet Care will announce closing of its offices for vacations or other absences at least 2 weeks in advance and make a general announcement to all its current clients via email, and website. For monthly contracts and daily/weekly dog walking, we will consult with the client directly and propose the service of a back-up sitter/walker who works with Fabiola's Pet Care as an independent contractor. For the convenience of our clients, the walker/sitter will be personally introduced to each owner/pet that requires service, by Fabiola's Pet Care. In case of illness or emergency unavailability of your sitter/walker, you will be contacted as soon as possible. At that time, service can be canceled without fee, or upon availability back-up service can be arranged by Fabiola's Pet Care.

SIGNATURES REQUIRED IN BOXES

Date:	TIMELY PAYMENT: I will pay Fabiola's Pet Care Pet Sitting and Dog Walking Services in a timely manner. X: _____	Date:	SERVICE POLICY: I acknowledge the receipt of the: Registrations forms, Policy agreement and Prices by Fabiola's Pet Care Pet Sitting and Dog Walking Services and I am aware of its contents. X: _____
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