

Petscort Services, Inc. Notes:

Date of First Service:

Petscort preferred staff member(s) for this client/service:

Veterinary visits with PS, Inc staff (include dates and outcomes.)

Updated information re; client/pet (include date received):

Petscort Services, Inc.
Serving the pets of Aquidneck Island since 1996
P.O. Box 402, Portsmouth, RI 02871
401-841-5330 ~ petscort1@cox.net
www.petscortservices.net
Business Hours of Operation: M ~ F, 10 a.m. – 6 p.m.

Registration and Home Pet Sit / Visit Form

Your Information

First Name Last Name

Street Address

Phone #s Home _____ Mobile _____

E-mail Address _____

Emergency Contact Phone #(s) _____

Veterinary Contact _____
Hospital/Dr. Name

Address

Tel.#(s)

Your Pet Information

Name(s): _____

Breed(s): _____

Age(s): _____ Neutered or Spayed: Yes _____ No _____

Town Dog License #(s) _____
(Please have tag(s) attached to collar.)

- Walk / Feed Schedule (including amounts)

Inoculation History: Please provide most recent dates (Please provide photo copy of veterinary certificate.) Rabies ____ Bordetella ____ Other _____

Illness/Injury History: Please list any serious illnesses or injuries your pet has experienced and how they were treated within the last year.

- Home rules for pet

- Sitter Permission to Use WiFi: Y ____ N ____
Please provide password information.

- Off limits Areas of the Home

- Other Pertinent Information

Other Pet Medical/Behavioral Information

- Allergies Please list

- Medications Please fill out Pet Medication Log
- Does your pet get along with other pets?
Dogs: Y ____ N ____ Cats: Y ____ N ____
- Does your pet tolerate young children? Y ____ N ____
- How does your pet show fear, anger or other upset?

- Has your dog had obedience training? Y ____ N ____
Where? _____
When? _____
- Does your dog walk well on leash? Y ____ N ____
- Is your dog allowed off leash? Y ____ N ____
- Does your dog guard food, treats or toys? Y ____ N ____
- Does your dog ride well in a vehicle? Y ____ N ____
- Would your dog ride well with other dogs in a vehicle? Y ____ N ____ Not Sure _____
- Does your cat go outside? Y ____ N ____

What else should we know about your pet?

Please list any and all information in the space provided that will help us take the best possible care of your pet.

I agree and sign to these specifications as being true and accurate. I will not hold **Petscort Services, Inc.** responsible for any omissions or situations that arise which are out of their or my control. (See *All Service Waiver Form*)

Owner/Client Signature

Date

Home Pet Sit and Visit Information

Emergency Contact Name (If different from above-this person will be contacted should there be an emergency regarding your pet or your home.)

Tel #s Home _____ Mobie _____

Owner/Client Away Contact Information

Dates and Location:

Pet Owner's Tel.#(s) _____

- If you are traveling to a foreign country, do you want us to contact you via your mobile device, for which added fees might apply (Phone, iPad, Tablet?)
Y ____ N ____

- Do you want to receive photos or texts regarding your pet(s)' status?
Y ____ N ____

Away Notification: Please notify a trusted neighbor, friend and/or the local law enforcement that you will be away but will have a ***Petscort Services, Inc.*** sitter or visitor at your home periodically or daily during the time you are away.

Home Information

Please provide all of the following information about your home so your pet sitter is able to take the best care possible of your pet and your property. ***Petscort Services, Inc.*** requests that you cover any furniture you wish to protect and place out of harm's way any personal items you don't want your pet or our employees to inadvertently use or misuse.

- Home Alarm System Information:
- Spare Keys location (Please be sure these are working):
- Electrical Panel Location:
- Pet Food/Treat Location:
- Pet Medications/Schedule (please complete medications form.)
- Preferred Feeding Location

Owner/Client Signature

Date _____