

MY PET'S FRIEND PROFILE/PET CARE INSTRUCTIONS

Thanks for taking care of

PET NAME

Here's all the information we'll need!



CLIENT INFORMATION

Name:	Email:
Address:	
Phone:	Cell phone:
Emergency Contact/relationship:	Cell phone:

MY PETS AND THEIR NEEDS

Pet name(s) and breed(s):	
Meals and snacks:	
Walk schedule:	
Allergies:	
Medications:	
Hiding places:	Favorite toys/games:

SOCIAL MEDIA PERMISSION

I authorize MY PET'S FRIEND to take photos of my pet(s) for use within its social media accounts. YES NO

PET MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name and address):	Phone:
Emergency veterinary clinic (name and address):	Phone:
Neighbor or friend:	Phone:

I hereby give MY PET'S FRIEND permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian. I understand MY PET'S FRIEND or its representatives assume no responsibility for the loss of any pet and are released from all liability related to transportation, treatment and expense. I will be responsible for full payment of such care and make such arrangements with the veterinarian.

YES NO CALL US FIRST

HOME EMERGENCY INFORMATION

Here's information we will need in case we notice a break-in, fire, gas odor, flood, or electrical problem when we arrive for a visit.			
Nearest intersection:			
Police/Fire department:		911	
Gas company:		Phone:	
Location of gas shut-off valve:			
Water company:		Phone:	
Location of water shut-off valve:			
Electric company:		Phone:	
Location of electrical breaker box:			
Name of security service		Phone:	
Keypad location(s):			
Entry Code:	Exit Code:	Password:	Garage Code:
Please advise your security service that you are using MY PET'S FRIEND and that our representatives may be in your home.			
We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work. YES NO CALL US FIRST			

I hereby authorize MY PET'S FRIEND or their representatives to enter my residence in order to fulfill the pet services contract currently in force or emergency services as stated above. In the event I cannot be reached, I authorize MY PET'S FRIEND to act as an agent on my behalf regarding my pets' or home's physical care or safety.	
Client Signature:	
My Pet's Friend Signature:	

ADDITIONAL INFORMATION

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