



www.Furry-Godmother.Biz
 2310 KENNWYNN RD
 WILMINGTON, DE 19810
 302.547.2078

The Furry Godmother Client and Pet Profile

PET PARENT INFORMATION

Client Name:

Address:

City:

State:

Zip code:

H Phone:

W Phone:

C Phone:

E-mail Address:

How did you hear about us?

Do you own or rent your home? If renting, landlord's name and telephone # (in the event of emergency)

Emergency Contact

Relationship

Telephone /email

Key ?

Does **anyone** else have access to your property during your absence (housekeeper, gardener, pest control, relative or friends)?

Location of cleaning supplies:

Location of the inside and outside trash: Inside

Outside

Would you like The Furry Godmother to bring in mail / newspapers? Yes No Adjust lighting Yes No
 Radio/TV Yes No Water Plants Yes No Take garbage out - When?

Do you have a security system ? Yes No Alarm code:

KEYS:

Keep for future visits ?

Return?

GARAGE CODE:

Miscellaneous Info:

PET INFORMATION

Information	Pet 1	Pet 2	Pet 3
Name			
Species/ Gender/Breed			
Age and weight			
Description			
General disposition			
Gets along w/ other animals?			
Favorite activity/toy			
Current vaccinations?			
Spayed or neutered?			
Microchipped? if so number			
Brand of food			
How much food and when			
Medical issues?			
Medications?			

Where do you keep your pet supplies?

Food / Treats:

Bowls:

Toys:

Poopie / Litter bags and where to dispose?:

Leash / Collar:

Cat carrier:

Litter box:

VET INFORMATION

NAME OF VET:

ADDRESS AND PHONE:

Urgent Veterinary Treatment Authorization

The following information will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify The Furry Godmother before service dates.

To whom it may concern: I have contracted for services from The Furry Godmother during my absence and I authorize The Furry Godmother to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: _____

The Furry Godmother reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature

Date

Furry Godmother Rep. Signature