



Intake Form

One Intake Form Per Pet

Type of Service: _____

Start Date/Time of Service: _____ End Date/Time of Service: _____

Total Days/Hours _____ Location of Service: Pet Owner's Home _____ My Home _____

Client's (Pet Owner's) Name: _____

Address: _____
Street City State Zip Code

Phone Numbers: _____
Primary Alternate (Backup)

Family Member(s) or Friend(s) to Contact if You're Unavailable (Names, Phone Numbers): _____

Pet Name: _____

Dog: _____ Breed: _____ Color(s): _____ Sex: _____ Age: _____ Weight: _____

Cat: _____ Breed: _____ Color(s): _____ Sex: _____ Age: _____ Weight: _____

Other Species: _____ Identify Species and provide Breed, Identifying Colors/markings, Sex, Age and Weight: _____

Documentation of Vaccination Status Attached? _____ Dog License Verified? _____ Both are required prior to service.

Is pet spayed/neutered? Yes _____ No _____ If non-spayed female, is pet currently in estrus? Yes _____ No _____

Does pet possess identification information (ID tag on collar with owner's contact information, implanted microchip,

tattoo, etc.? Yes _____ No _____ Describe: _____

Note: Identification information is highly recommended. It could save your pet's life.

Continued...

PetFairy Intake Form

Page 2

Owner Name:

Pet Name:

Primary Veterinarian's Contact Information: _____

Do you give permission for your pet to be taken to an emergency veterinary hospital/clinic if necessary in an emergency medical situation? Yes _____ No _____ If yes, attach *Permission for Emergency Treatment* form (see *Forms* page). If no,

describe actions you wish taken: _____

Important Note: It must be understood that if no emergency treatment permission is provided and I am unable to contact you or your designated family/friend during an emergency, it might place your pet in extreme danger.

Describe any medical conditions: _____

Is pet currently taking any medication(s)? Yes _____ No _____ If yes, please list medication name(s), dosage(s), time(s) taken and method(s) of administration: _____

Important Note: All prescribed medications must be provided in original prescription containers, in the amount necessary for the entire length of the service period, with clear veterinarian/pharmacy use instructions. Please see the *Requirements for Arranging Service* page for information on what type of medications I can and cannot administer.

Is pet currently taking any non-prescription supplements? Yes _____ No _____ If yes, please list supplement(s), dosage(s), time(s) taken and the reason you are using the supplement(s): _____

Important Note: All supplements must be provided in original commercial containers, in the amount necessary for the entire length of the service period, with clear use instructions. Please see the *Requirements for Arranging Service* page for information on what type of medications & supplements I can and cannot administer.

Does pet have any allergies or sensitivities? Yes _____ No _____ If yes, describe: _____

Describe any special activities, therapeutic exercises, etc., which have been recommended for your pet's benefit, that you wish it to receive during the service period: _____

Important Note: For any exercises of a medical or physical rehabilitation nature prescribed by medical or physical therapy personnel, I must have your permission and the professional's permission, as well as complete written instructions/graphic depictions for the exercises. See *Special Physical Exercises* form on *Forms* page.

Continued...

PetFairy Intake Form

Page 3

Owner Name:

Pet Name:

Are there any kinds of activities of any nature, which a typically reasonable person might naturally engage in with a pet such as yours, that you specifically do *not* want your pet to engage in? Yes _____ No _____ If yes, describe as clearly

and in as much detail as possible: _____

Does pet have any unusual or potentially disruptive behavioral issues I should know about? Yes _____ No _____ If yes, please describe: _____

Important Note: Please be honest. This does not necessarily mean I can't provide service to you, if the behavior issue isn't deemed to be dangerous. This is so that I can be sensitive to your pet's needs and make sure the service is a positive experience for both your pet and for me. As stated in my *Requirements for Arranging Service* page, I am unable to provide service to pets with a history of dangerous behavior (attacking, biting, etc.)

If service is to take place at my home and pet owner is bringing food items/treats, bowls, other equipment, toys or any other personal items, please provide a complete listing and description of all items: _____

Additional/Miscellaneous Notes: _____

Client's (Pet Owner's) Acknowledgements and Signature:

I affirm that the information provided on this form is true, accurate and timely, to the best of my knowledge. I have read and understand the PetFairy *Requirements for Arranging Service*, and agree to abide by them.

Pet Owner's Printed Name

Pet Owner's Signature

Date: _____