

# New Client Packet

## Frequently Asked Questions (FAQ) Keep this page for your records.

- **Will you just do the morning and afternoon visits? My friend will come by in the evening after work to care for the animals (or Will you do visits from XX date to XX date? My friend will do the rest of the visits until we get home).** No, we do not do job shares for out of town/vacation visits. (ONLY Daily Dog Walks can be shared.) This means we will not pet sit when someone else (a friend, neighbor, relative etc) is also caring for your pet. We should be the only people caring for your pets while you are gone. There are many issues that arise when you have multiple people caring for your pet. Communication often breaks down between caregivers. Pets get double food, double medication, visits missed, the other person doesn't show up when scheduled, they move needed items to different locations, leave the door unlocked etc. If something goes wrong you would not know who the responsible party was. Our insurance and bonding would not be in effect if we are not the sole caregivers, so please do not ask us to do job shares.
- **Will you do a visit for our cat every other day or every few days?** No, we require that cats get at least one visit per day. We have personally had issues where if a cat was left alone for 48 hours they would have died (urinary blockage). Cats can also get trapped/stuck in areas of the home or have other emergency medical conditions.
- **Why do you need two copies of our key?** One copy is for daily use. The other copy is kept in a secure location as a back-up in case of emergency. All keys are coded and do not have your name or address written on them, so even if we did lose them, no one would know what they went to. (We have not lost any keys in our 10 years in business) The second copy comes in handy if for some reason your key is lost or locked inside your house or if the pet sitter was sick or incapacitated. We would still be able to get into your home without interrupting service. If you do not have 2 copies ready for us at the pre-service meeting we can make a copy for you for \$5.
- **Do I have to leave a copy of my key on file with you?** Most clients prefer this option as we are then available for short notice visits (as little as a couple hours notice). All it takes is a phone call/email to set up future trips. It can also be difficult to arrange drop off and pick up key visits that are convenient for both you and us. We also can let you in if you're locked out of your house if we have a copy on file. Mid-day dog walk clients must leave a key on file with us for their regular visits. Methods of key return are listed on the contract if you do not wish to keep a key on file for future needs.
- **Can I just give you my garage door opener (code)?** We will accept an opener or code if that is the way you would like us to enter your home. We do not accept ONLY electronic means of entry due to the possibility of a power outage denying access. We require at least 1 physical key as well.
- **Will you let my cat out in the morning and let him in for the evening?** We understand that your cat is used to having access to the outdoors, but we require them to stay inside while we are caring for them. We would just worry about their safety too much if they went out and then did not return "as usual". Many cats will refuse to approach the house when they do not know us very well. It is best that they stay inside during this time.
- **Will you just let my dog outside to potty with no fenced yard or tie-out? He just does his business and comes right back in.** No, for liability reasons we never let dogs off leash. He could get lost or injured or he could injure someone else while not under leash control. It is also against the law. Even if the dog is well behaved and obedient for you off-leash, it does not mean they will listen to us. Dogs need to be let into a fenced yard (an invisible fence is okay) or pen, clipped to a tie-out or walked on leash.

Please fill this out to the best of your knowledge. If you are not sure about something leave it blank and we will go over it at the pre-service meeting.



# Pet Care Contract & Profile

Comfy Creatures Dog Walking & Pet Sitting  
P.O. Box 532313 Livonia, MI 48153 1(888) 2-PETSIT

[www.comfycreatures.com](http://www.comfycreatures.com)

\*\*\*Please PRINT clearly\*\*\*

\*\*\*Fill in all applicable fields to the best of your knowledge\*\*\*

Your Name _____	Phone Home _____
Partner/Spouse Name _____	Phone Work (Self) _____
Address _____	Phone Cell (Self) _____
_____	Phone Work (Partner/Spouse) _____
Email _____	Phone Cell (Partner/Spouse) _____

How did you find us? (Yellow Pages, friend, location of ad) \_\_\_\_\_

Emergency Contact(s) Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we can not reach you in case of an emergency (It does not have to be someone who lives nearby).

Name: _____	Phone: _____	Relation: _____	Key Y / N
Name: _____	Phone: _____	Relation: _____	Key Y / N
Name: _____	Phone: _____	Relation: _____	Key Y / N

Should we be expecting anyone in your home during your absence? Y / N  
If yes, Who?: \_\_\_\_\_

Circle Door of Entry:    Front Door    Side Door    Back Door    Garage Door

To be locked:    Deadbolt    Door Handle    Both

Circle **only** if you have an attached garage: Door from garage to house keep - Locked    Unlocked

Keep keys for future use? Y / N\*    (Daily dog walks must leave a key on file, see "FAQ")

**\*Only** if you circled no for "keep keys future use", please circle your preferred return method:

1) Deliver in person (\$16)    2) Registered Mail (\$10)    3) Leave hidden OUTSIDE of house

\*\*do not write where on this contract\*\*

### Home Security

Set Alarm? Y / N

Alarm System Panel(s) Location \_\_\_\_\_

Alarm Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

*\* Do not write the alarm code on this contract. We will discuss alarm use at the pre-service meeting. Comfy Creatures suggests you use a temporary house alarm code of our choosing that way the code does NOT have to be written down.*

# Comfy Creatures Pet Profile

\*\*\*Please fill in one for each pet. If you need more Pet Profile pages print just page 2 of this document\*\*\*

Pets Name: \_\_\_\_\_ Dog / Cat / Other: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Male / Female Spayed/Neutered: Y / N Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Distinguishing Features: \_\_\_\_\_ Collar Color: \_\_\_\_\_ Tags: Y / N Microchipped: Y / N

Feeding Instructions (amount, times of day, etc.) \_\_\_\_\_

What brand(s) and/or types of food do you feed: \_\_\_\_\_

Favorite toys / games \_\_\_\_\_

Treats/Food Toy (Kong): \_\_\_\_\_

Food Allergies / Restricted foods: \_\_\_\_\_

Major Medical Conditions (Past or Present): \_\_\_\_\_

Medication(s) (Name, Dosage, Frequency) \_\_\_\_\_

Has your pet ever been aggressive or bitten someone? \_\_\_\_\_

Exercise Instructions (walk frequency or play in yard?): \_\_\_\_\_

Tricks my pet knows: \_\_\_\_\_

Restricted Access (Rooms or Furniture): \_\_\_\_\_

Will your pet be crated at any point during our service? When? \_\_\_\_\_

Litter care (When to scoop solids/totally change, disposal location) \_\_\_\_\_

This Pet Loves to: \_\_\_\_\_

Hates to: \_\_\_\_\_

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Feeding Instructions (amount, times of day, etc.) \_\_\_\_\_  
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What brand(s) and/or types of food do you feed: \_\_\_\_\_

Favorite toys / games \_\_\_\_\_

Treats/Food Toy (Kong): \_\_\_\_\_

Food Allergies / Restricted foods: \_\_\_\_\_

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Has your pet ever been aggressive or bitten someone? \_\_\_\_\_

Exercise Instructions (walk frequency or play in yard?): \_\_\_\_\_

Tricks my pet knows: \_\_\_\_\_

Restricted Access (Rooms or Furniture): \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us where you will keep the following items during our visits and any applicable instructions:

Leash: \_\_\_\_\_

Food: \_\_\_\_\_

Food Bowl: \_\_\_\_\_

Treats: \_\_\_\_\_

Medication: \_\_\_\_\_

Crate: \_\_\_\_\_

Pet Carriers for Transport: \_\_\_\_\_

Pet Towels: \_\_\_\_\_

Carpet Cleaner and Rag: \_\_\_\_\_

Extra Paper Towels: \_\_\_\_\_

Vacuum: \_\_\_\_\_

Broom/Dustpan: \_\_\_\_\_

Main Indoor Trash Can: \_\_\_\_\_

Pet Waste Disposal: \_\_\_\_\_

Litter Box: \_\_\_\_\_

Cat Litter: \_\_\_\_\_

Extra Light Bulbs: \_\_\_\_\_

Heat / AC Thermostat Location: \_\_\_\_\_

Main Water Shut Off Valve: \_\_\_\_\_

Circuit Breaker Box: \_\_\_\_\_

Fire Extinguisher: \_\_\_\_\_

Indoor/Outdoor Plant Watering Directions (extensive plant watering may incur an extra charge)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alter Lights/Blinds? Y / N \_\_\_\_\_

Turn on TV/Radio? Y / N \_\_\_\_\_



# Veterinary Medical Care Release Form

Comfy Creatures Dog Walking & Pet Sitting Services

Insured, Bonded, est. 1998

www.ComfyCreatures.com ph. 1 (888) 2-PETSIT

Serving Novi, Canton, Plymouth, Northville, Farmington/Hills, & Livonia

In the event of a medical emergency where Comfy Creatures is unable to contact you to authorize care immediately and directly, Comfy Creatures will use this form to authorize care. **It is highly recommended that you contact your vet and let them know Comfy Creatures will be caring for them and is authorized to bring them in to prevent any delay in care.** You should also place a credit card on file with your vet in case we can't reach you.

## Primary Veterinarians Information

Name of Vet Hospital or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of preferred Doctor: \_\_\_\_\_ Vet informed of Comfy Creatures care? Y / N

To whom it may concern,

I hereby give Comfy Creatures Dog Walking & Pet Sitting my express permission to provide medical treatment and/or transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if the Primary Vet office is not available).

I understand that Comfy Creatures will try to contact me as soon as possible in the event of a medical emergency. If Comfy Creatures is unable to contact me, I give permission to Comfy Creatures Dog Walking & Pet Sitting service to make medical treatment decisions and **approve charges up to \$\_\_\_\_\_ per pet** (most common values are \$200, \$1000, or unlimited). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all fees assessed by Comfy Creatures Dog Walking & Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers. Such payments will be made within 3 days of service ending or my return.

## List of Pets:

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

Name/Description or Breed: \_\_\_\_\_

If anything changes from what is listed above I will inform Comfy Creatures before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Comfy Creatures cares for one or more of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

X \_\_\_\_\_

Signed Name

X \_\_\_\_\_

Printed Name

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Date