

# New Client/Pet Profile

## **CLIENT INFORMATION**

| Name(s)                |                      |                     |                  |
|------------------------|----------------------|---------------------|------------------|
|                        |                      |                     |                  |
| City                   | State                |                     | Zip              |
| Subdivision name       |                      |                     |                  |
| Phone                  |                      | Alternate Phone _   |                  |
| Email                  |                      |                     |                  |
| Local Emergency Co     | ntact (another perso | n with knowledge of | home and/or cat) |
| Name Phone             |                      |                     |                  |
| <u>PET INFORMATION</u> |                      |                     |                  |
| Pet Name               |                      | Breed               |                  |
| Age/Birthdate          |                      | Color               |                  |
| Sex Spay/Ne            | eutered              | Declawed            | Front only All 4 |
| FEEDING INSTRUC        | TIONS                |                     |                  |
| WATER USED             |                      | Ice added           |                  |
| FOOD Canned            | Brand                | Amount              |                  |
| Dry                    | Brand                | Amount              |                  |

The Cat Lady/Nanette Shahbaz/702-625-0182 or 312-752-0132/info@thecatlady.net/www.thecatlady.net

| <u>VIEDICATION INSTRUCTIONS</u> | (name of medication/type of med/amount given/time given) |
|---------------------------------|--|
|                                 |  |
| HEALTH HISTORY/BEHAVORIA        | AL ISSUES  |
|                                 |  |
| OTHER CARE INSTRUCTIONS         |  |
|                                 |  |
|                                 |  |
| PET INFORMATION (complete f     | for each pet)  |
| Pet Name                        | Breed  |
| Age/Birthdate                   | Color  |
| Sex Spay/Neutered               | Declawed Front only All 4                                |
| FEEDING INSTRUCTIONS            |  |
| WATER USED                      | lce added  |
| FOOD Canned Brand               | Amount   |
| Dry Brand                       | Amount   |
| MEDICATION INSTRUCTIONS         | (name of medication/type of med/amount given/time given) |
|                                 |  |

| HEALTH HISTO | ORY/BEHAVORIAL ISSUES               |  |
|--------------|-------------------------------------|--|
|              |                                     |  |
|              |                                     |  |
|              |                                     |  |
| OTHER CARE   | <u>INSTRUCTIONS</u>                 |  |
|              |                                     |  |
|              |                                     |  |
|              |                                     |  |
|              |                                     |  |
| PET INFORMA  | <b>TION</b> (complete for each pet) |  |
|              |                                     | Breed  |
|              |                                     | Color  |
|              |                                     | awed Front only All 4                          |
| EEDING INST  |                                     |  |
|              |                                     | lce added                                      |
| WILK GOLD    |                                     |  |
| FOOD Ca      | nned Brand                          | Amount   |
| D.           | n. Donald                           | A very record to                               |
| Dr           | y Brand                             | Amount   |
| MEDICATION I | NSTRUCTIONS (name of me             | edication/type of med/amount given/time given) |
|              |                                     |  |
|              |                                     |  |

| HEALTH HISTORY/BEHAVORIAL ISSUES      | <u> </u>  |
|---------------------------------------|---|
|                                       |   |
| SPECICAL CARE INSTRUCTIONS            |   |
|                                       |   |
| PET INFORMATION (complete for each pe | et)   |
| Pet Name                              | Breed   |
| Age/Birthdate                         | Color   |
| Sex Spay/Neutered De                  | eclawed Front only All 4                        |
| WATER USED                            | lce added                                       |
| FOOD Canned Brand                     | Amount  |
| Dry Brand                             | Amount  |
| MEDICATION INSTRUCTIONS (name of      | medication/type of med/amount given/time given) |
|                                       |   |

| HEALTH HISTORY/BEHA           | VORIAL ISSUES                |                    |  |
|-------------------------------|------------------------------|--------------------|--|
|                               |                              |                    |  |
| OTHER CARE INSTRUCT           |                              |                    |  |
|                               |                              |                    |  |
| CURRENT VET                   |                              |                    |  |
| Clinic Name                   |                              |                    |  |
| Preferred vet (if applicable) |                              |                    |  |
| Address                       |                              |                    |  |
| City                          | State                        | Zip                |  |
| Phone                         |                              |                    |  |
| HOME CARE INSTRUCTION         | <u>DNS</u>                   |                    |  |
| Pick up mail                  | Box Number                   | _ (if key is left) |  |
| Water indoor plants           | Water Outdoor plants         |                    |  |
| Watering instructions         |                              |                    |  |
| (note: not responsible if car | re was given and plants die) |                    |  |
| Trash Put out                 | Trash Day(s)                 |                    |  |
| Keep all garage service doo   | ors locked                   |                    |  |

| Additional requests/instructions for home care  |
|---|
| Will anyone have access to home while pets are in my care   |
| Who When  |
| PET UPDATE INSTRUCTIONS   |
| Frequency of updates sent   |
| Updates sent via (text, email) Whatsap strongly recommended if out of country.  |
| ACCESS INFORMATION  |
| Community access (if applicable) Gate locked Gate code: (if gate guarded, Cat Lady name will be left with guard/security/community) |
| Home access Garage door code  |
| Lockbox location code   |
| Alarm code (if applicable) to be provided verbally  |

Note: 1. keys can be kept on file with The Cat Lady (TCL) for future visits. 2. Key pick up/drop off charges by TCL will apply after initial consultation (\$10.00). 3. Keys can be picked up/dropped off at TCL's home at no charge, with sufficient notice. 4. Key can be "hidden" or put in lock box on premises at homeowners sole discretion. TCL not responsible for lost keys or break-ins if option 4 is chosen by homeowner.

### **PAYMENT OPTIONS**

Cash, personal check (payable to The Cat Lady), Venmo, Zelle, ApplePay to 312-752-0132. Payment, if by cash/personal check, is to be left in home prior to departing. Electronic payment to be received by scheduled first visit. Failure to do so can result in TCL not caring for your pet(s).

### **CANCELLATION**

Cancellations are to be made at least 48 hours prior to first scheduled visit. If returning early, remaining visits are to be cancelled on or before 6:00 am pacific time on the scheduled visit day. Failure to do so can result in forfeiting that days' fee.

 $The \ Cat \ Lady/Nanette \ Shahbaz/702-625-0182 \ or \ 312-752-0132/info@the catlady.net/www.the catlady$ 

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## **LAST MINUTE SCHEDULING**

TCL requests as much notice a possible. We all have emergencies that arise, and TCL will make every effort to accommodate such needs

## **PET PHOTOGRAPHS**

| TCL will be photographing and or videoing your pet(s) used by TCL to promote pet sitting business. TCL will location or surname of client. Pet(s) name may be us and will not be deleted from TCL photo/video library. | I protect your privacy by not publishing home  |
|--|--|
| If you do not want TCL to use your pet(s) in promotion   | nal material, initial here                     |
| It is the sole responsibility of the Client to inform TCL in profile, i.e., addition of a pet, loss of a pet, etc.   | in writing or via email of any changes to this |
|  |  |
| Pet guardian signature   | Date signed                                    |
| Printed name   |  |



- 1. THE CAT LADY, LLC (TCL) is authorized to perform pet care for the animals outlined in the pet profile. Every effort will be made to administer medication. In the event TCL is threatened by pet or TCL feels pet will harm themselves, medication will not be administered and owner will be notified.
- Owner assumes responsibility for ensuring the data on the profile is complete and correct.
- 3. In the event of inclement weather or natural disaster, TCL will make every attempt to reach owner or local contact. In the event TCL is unable to reach either party, TCL is entrusted to use their best judgment in caring for pet(s) and home. TCL will be held harmless for such decisions.
- 4. TCL is authorized by the signature below to seek veterinary care (or emergency care after named vet's normal business hours) with release from all liabilities related to transportation, treatment, and expense. TCL will make every attempt to reach owner prior to treatment. Owner is responsible for ensuring all vaccinations and/or licenses are current.

#### LIABILITY

- 1. In the event that TCL is required to employ a licensed locksmith to gain entry into the Owner's premises due to a malfunction of the lock or failure of the Owner to leave a key, it shall be the responsibility of the Owner to reimburse TCL for all costs incurred. In the event of an unintentional lockout by TCL, the Owner expressly gives TCL the authority to employ a licensed locksmith to regain entry to the Owner's premises. TCL will assume responsibility for the costs of such an unintentional occurrence. NOTE: Every effort will be made to contact building management to gain access to home, if applicable, provided owner has informed building management of TCL's authorization to enter home and filled out appropriate forms.
- 2. Owner expressly releases TCL from liability due to: a) damage by the pet(s); b) injury, disappearance, death, or fines incurred due to the pet's access to the outdoors; c) any complication in administering medication to the pet; or d) actions (or inactions) of other persons having access to Owner's premises.
- 3. Owner expressly waives and relinquishes any and all claims against TCL except those arising from negligence on the part of TCL.

### TERMS OF PAYMENT

- 1. TCL will only provide daily pet care services where the pet(s) are seen on a daily basis at a rate of \$ 24.00 per visit. There is a \$10.00 additional charge on the following nationally observed holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day. Christmas Day.
- 2. Rates subject to change at any time. Notice will be sent to the address on file 30 days prior to any rate changes.
- 3. Payment in full is due on the first day service is provided (Venmo, Zelle, ApplePay to 312-752-0132, cash or check). If payment is not made, pet sitting services will not be provided.
- 4. There is a \$35.00 handling fee for all returned checks.

### **FUTURE SERVICES**

I authorize this contract to be valid approval for future services so as to permit TCL to accept my telephone or e-mail reservations and to enter my premises without additional signed contracts or written authorizations. Keys, unless otherwise agreed upon, will be on file with TCL in a secure location. Otherwise, Client agrees key will be a) mailed to/from TCL; b) dropped off/picked up at TCL residence by client; c) picked up/dropped off by TCL for a charge (\$10 per incident); d) left with building doorperson/concierge with "authorization to enter" form (if applicable).

| Cat guardian signature | Date | The Cat Lady, LLC signature | Date |
|------------------------|------|-----------------------------|------|



## VET RELEASE/GUARDIAN CONSENT

| l,  | authorize Nanette Shahbaz, The  |
|---|---|
| Cat Lady, my cat sitter, to transport my cat(s)   |   |
| to your veterinary clinic for treatment. Every effort<br>veterinary clinic listed on Profile form. In the ever<br>the nearest emergency clinic. | ort will be made to transport cat(s) to preferred ent such clinic is closed, cat(s) will be transported to                  |
| event such people cannot be contacted, I author   | d/or emergency contact listed on Profile form. In the rized Nanette Shahbaz, The Cat Lady, to have clinic of the following: |
| not to exceed \$  | ·   |
|   | esponsible for all treatment/costs to sustain said cats. Profile form can be reached to make a decision. All                |
| I agree not to hold Nanette Shahbaz, The Cat Lathat I am responsible for all veterinary costs.  | ady, liable for any treatment preformed. I also agree   |
|   |   |
| Cat guardian signature  | Date signed   |