6/12/07



PET NANNY ON HUDSON



Pet Sit So Dates Visits per D Time of Visi	ay
Personal Name Address City	State Zip
Contact Home Pho Work Phor Email Which pho	
	n Cross Street escribe your house / apartment building
Can the	house number be seen? e visual landmarks near your home?
Special I	anyone with an extra key? Instructions for Opening + Locking Door (Describe Quirks) ystem?
\	

						_
Emerger Name Address	ncy Contact	: Veterinary	1			
City Phone		State	Zip			
Do you ha	ve a preferred	d 24 hour Vete	rinary	Clinic / Hosp	oital?	
						\longrightarrow
Emerger Name Address	cy Contact	: Friend / Fa	amily	Member	Extra Key?	
City		State	Zip _			
Phone		Email				
Emerger Name	icy Contact	: Friend / Fa	amily	Member	Extra Key?	
Address City		State	Zip			
Phone		Email	_ Διρ _			
						\longrightarrow
Name	cy Contact	: Friend / Fa	amily	Member	Extra Key?	
Address City		State	Zip			
Phone		Email				——)
Name	(Optional)				Extra Key?	
Address City		State	Zip			
Phone		Email				
						\longrightarrow
way, if you	decide to mov	ur key ready fo ve forward, you Thank you so n	ur key	can be teste	greet" session. T d and labeled	hat

Page 3 6/12/07



PET NANNY ON HUDSON



_/		
/	Travel Itenerary (Optional)	_ \
	Please provide the itinerary of your travel including hotel / lodging locations	5
	and dates; with reservation / contact names, room numbers, and phone	_
	numbers. (this is especially helpful if you cannot be reached at your cell	
	phone number).	
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	Additional Information	
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Pet Visit Information General Pet Information Location of Food and Water Dishes Treats: Types and Location Miscellaneous Supplies: brush, towels, wipes, etc. Cats Litter Box / Scooper Location Fresh Litter Location Bag / Can for Disposal of Litter / Clumps Full Litter Changes? When and How Often? Dogs Leash and collar with tags Plastic bags for dog walks Location of disposal for bags Preferred walking route (please give directions / attach map) Additional Information

Plants	
Location of Plants	
Location of Watering Can(s) / Hose / etc.	
Location of watering Can(s) / Hose / etc.	
Please provide information of the plants you would like v	vatered and indicate
how much and how often you would like them watered.	
Mail	
Location of Mailbox	Ц
Where would you like the mail to be placed?	
Garbage Location Inside	Ш
Location Inside	
Recycling Bin Location	
<u>Location Outside</u>	
When does Carbage need to be taken out?	
When does Garbage need to be taken out?	
Lights	
Please provide information on the location of the lights a	nd when you would
like them turned on / off	
	<u> </u>



Climate Control	
Fan Locations and On/ Off times	
AC Locations and On/ Off times and Temperature settings	
AC Locations and Only On times and Temperature Settings	
Heater Locations and On / Off times and temperature settings	
Window Locations and Open /Close times	
<u>Describe how windows are opened / closed</u> (special tabs that need to be pushed, etc.)	
*====================================	
	/
Additional Services and Information	
	/



Notes		
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