

Name: _____

DOB: _____ Home language: _____

Primary Care Dr (phone number & location): _____

Family members (children's ages): _____

Address: _____

Emergency Contact (local): _____

Allergies: _____

Medication/Times Given/Reason: _____

Eating Routine: _____

Food location: _____

Are treats/snacks allowed? YES NO

Any specific yes/no for snacks: _____

Toileting instructions/supply location: _____

Normal exercise/activity schedule: _____

Are there any activity restrictions (physical, TV, video games)? YES NO

Favorite activities: _____

Are there any conversation topics off limits? YES NO

If so, what types? _____

Are there any behavioral issues? YES NO

If so, what may trigger those issues: _____

Are outings approved? YES NO

Normal sleep routine? _____

Dates of service: _____

Destination/Itinerary: _____

Phone number: () - _____ Do you text? Yes No

Email: _____

If we are staying at your home...

My canine MUST accompany me if staying overnight

House access/lock-up instruction: _____

Trash&Recycle day/instruction: _____

Internet access:

 Name of system - _____

 Password - _____

Television service/instructions: _____

Is it ok for my niece to stay as well? YES NO

Is it ok to use your condiments/butter, etc? YES NO

I bring most of my own food but is anything off limits? _____

*If willing to provide I like: Diet Coke, Buble/La Croix sparkling waters
(preferably “darker” fruit flavors).*

**Billing will be sent by email from PayPal, however
payment is preferred via cash/check or Zelle:
Kimberly Purdy (480) 227-6991**