Name:					
DOB: Home language:					
Primary Care Dr (phon					
Family members (child	lren's ages):				
Address:					
Emergency Contact (lo	cal):				
Allergies:					
Medication/Times Give	en/Reason: _				
Eating Routine:					
Food location:					
Are treats/snacks allow Any specific yes/no for Toileting instructions/s	snacks:		NO		
Normal excercise/activ	rity schedule	e:			
Are there any activity: Favorite activities:	restrictions			s)? YES	NC
Are there any converse If so, what types?	-		YES	NO	
Are their any behavior If so, what may trigger		YES	NO		
Are outings approved? Normal sleep routine?	YES	NO			

Does	your fa	mily member l	ike animals?	YE	S	NO	
Are a	animals	allowed? YES	S NO		If th	nere are a	animals in
the h	ome, pl	lease complete	my Fur Baby	Question	naire.		
Is yo	ur fam	ily member se	nsitive to spe	cific situa	ations	(fears, et	c)? If so,
what	type of	freaction do th	ey have?				
Eauc	ationai	level/learning	needs:				
						/ 3 . 3 . 3	
Any	otner	information,	personality	tidbits,	likes,	'dislikes,	medical:
Print	ted nam	ne:					
Signa	ature: _						
*Yo	our signa	ature confirms a	_		Servic	e Contract	from my
Doto			webpage	€.*			
Date	·						

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