**Overnight Stay Information and Client Contract for Laura’s Best Care, LLC**

**DATE / TIME OF DEPARTURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE / TIME OF RETURN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client (your) Phone numbers**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contacts in town/nearby**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Key? Y N

Location/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Key? Y N

Location/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If renting) Landlord or property owner**

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

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

**Will ANYONE be at or around the house while you are gone**? \_\_\_\_\_\_\_\_\_\_

If so, name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business or Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If more, list below)

**Security System:** Y N

Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you’d like system to be utilized, please provide code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Garage Key Pad** Y N

If desired, please list code as available second entry point \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applicable, please provide location of:**

Pet Crates?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leashes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Litter boxes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bags?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas/Water shutoff?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire extinguisher?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the case of inclement weather (ice, heavy snowstorms, tornado, flooding) or other emergency, who else can help take care of your pets?**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you cannot return to your pets, who should I contact?**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like your mail collected**: Y N

**Trash day: Trash Company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any plant instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If I’m staying at your residence overnight, any special TV instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Only if desired and / or permitted, WiFi code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I’m permitted to utilize your WiFi services for work purposes, I will provide a one time $5.00 credit to your total bill.**

**MEDICATION INFORMATION**

Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper A.M. dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper P.M. dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper A.M. dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If applicable, please advise if medication needs to be taken with or without food.**

**MEDICATION INFORMATION**

Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper P.M. dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proper midday dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proper P.M. dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applicable, please advise if medication needs to be taken with or without food.**

**Laura’s Best Care, LLC Pet Sitting Policies and Rate Agreement**

\*Note: Policies are provided for the purpose of coordinating understanding between Laura’s Best Care, LLC and its clients, and for insurance purposes. If any problems arise, you will ALWAYS be contacted first, except in the cases of split-second emergencies involving property or animals, or if you are out of cell phone range. Although this may seem like an unnecessary list of details, remember that I will be caring for your home and your pets in your absence, and details will be important. If you have any concerns or questions, please ask!

1. **Contact information:** Contact me any time of day between 8am – 10pm. My cell phone number is 937-477-7001, and you may text to this number also. My email address is [laurasbestcare@gmail.com](mailto:laurasbestcare@gmail.com). If I don’t answer my phone I may be working with another pet. Please leave me a message if I don’t answer; your call is important to me and I will return it as soon as I can.
2. **Pet Sitting Visits:** Last between 25-30 minutes, depending on the type of animal and care needed. Most animals will receive around 30 minutes of care, sometimes a little more, sometimes a little less. I only charge extra if there is a significant amount of extra time. Times of visits will vary but will be based upon the safety and needs of all pets. Cats and other pets requiring single visits may be at any time of day. I will do my best to accommodate your schedule as closely as possible
3. \*IMPORTANT\* **You must contact me within 48 hours before your vacation departure to confirm your scheduled visits.** I will probably contact you first, but it is very important that we confirm your visits before you go. This is to prevent any possible scheduling issues.
4. **Overnight visits:** I will spend as much time as possible in your home but I do not stay at the house all day. You provide sleeping quarters and a clean bathroom. I will thoroughly clean up after myself.
5. **Inclement Weather:** In hazardous weather, I only take dogs out for a potty stop, which may include a very short walk to get their “business” done. Hazardous weather is defined as: heavy rains or thunderstorms, ice on streets and sidewalks, temperature or wind chills below 20 degrees F., or heat/indices above 85 degrees F. (Will vary according to breed and available surfaces for walking.)
6. **Snow and Ice Around the Home:** If there is snow of more than 3”, I request that you provide a snow removal service or other person/neighbor to clear the way to your house. If you provide salt, I will spread it on icy areas. I do not provide shoveling / snow removal services. If the weather is extremely hazardous, I will do my best to respond to your home but if it isn’t possible, I will contact your emergency notification.
7. **Other Persons in or Around Your Home:** Please be advised that if there are other persons staying at, entering, or leaving your home during the time I am caring for your pets, Laura’s Best Care, LLC **cannot** be held liable for any damages or problems that may arise, to either property or animals, **including** loss of a pet. Please inform me at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, repair persons, lawn or pool services, utility workers, friends, family, neighbors and the like. If I arrive at your house and someone unexpected is there, I will contact you immediately and/or call the police.
8. **Indoor/Outdoor Pets:** If you have a pet who lives partially or completely outside, we can maintain that arrangement while you are gone. Keep in mind that in the absence of a pet door, they may be forced to stay outside until the next visit if they don’t come in while I’m there. If your pet lives outside, **I require they have warm, dry, and adequately large shelter from the elements, as well as water that will not freeze**. Dogs, cats, and other small animals also need a backup plan for indoor shelter during extremely cold temperatures. Laura’s Best Care, LLC **isn’t liable for the loss of an outdoor animal who runs away, or injury caused by factors outside the home.**
9. **Supply purchases:** Before you leave, please try to leave enough food, medication, and supplies for your pets to last the duration of the trip. With your permission, I will purchase pet food, litter, or other needed items that contribute to the health and wellbeing of your pet while you are absent. I will retain a receipt and the pet owner is responsible for reimbursement of these items. If I have to make a special trip to purchase food and supplies, a $10.00 fee will apply.
10. **Pet waste:** I will properly dispose of pet waste left during my stay. I request that you provide bags for this purpose and indicate where you would like these waste bags disposed. Dog waste bags, rather than plastic grocery bags, are requested for dog pick-up, due to the prevalence of holes in the latter. Plastic grocery bags are fine for cat litter.
11. **Leashes:** All dogs will be required to be on leash during outdoor walks. All dogs must be wearing a collar with identification and licenses, even if they wear a harness. You are responsible for making sure that the dog’s collar or harness is the proper size and fit when securely fastened.
12. **Animal Behavior:** Animal behavior can be unpredictable. Your pet may be perfectly comfortable with me when you are there, but may be wary when I arrive alone, and it may sometimes take a few days for the pet to adjust. I will make every attempt, but do not force myself on any animal. If they completely refuse to be touched, I will not force them, except in extreme circumstances like fire, flood, or life-threatening medical emergency. Laura’s Best Care, LLC does not accept responsibility or liability for animal behavior, normal or otherwise, which results in injury or harm to the client’s animal(s). As a rule, I do not take care of aggressive dogs. If your dog has a history of aggression, it is important that we discuss this in advance. When sitting for LE or military working dogs, I will work diligently with the handler to understand all aspects and nuances of their dog’s behavior.
13. **Medication and medical conditions:** I administer medications, including shots, for a one time nominal fee. The animal must be *reasonably* willing to comply with administration. If the animal cannot be caught within 30 minutes, or attacks when I approach, then it will remain unmedicated. If you are concerned about the welfare of a sick or medically fragile pet, the safest thing is to be boarded with a veterinarian while you are away. If your pet has a medical issue, I will take care of them to the best of my ability, but please realize that I am not a veterinarian.
14. **Elderly pets:** I have experience with elderly and ill pets and will do my very best to see that they are kept clean, comfortable and generally cared for. Please realize that there is a chance that an elderly pet could pass away in your absence, despite my best care. In this event, please let me know how you would like me to proceed as far as care of the body. Cremation, burial, or veterinary assistance during this time will be the financial responsibility of the owner.
15. **Fences:** I do check to see that gates and fences appear to be closed before letting dogs out in enclosures. However, any fence can sustain a hole or breach. **It is the owner’s responsibility** to maintain enclosures so that they safely contain your pets. If your dog would break through or jump over a fence, I will do my absolute best to find it. If not located quickly, I will immediately notify your emergency contact, the nearest animal shelter (if open) and your local law enforcement agency. Laura’s Best Care, LLC is not liable for injuries sustained or the death of your pet if the enclosure you provided did not contain them.
16. **House Cleanliness:** I will clean up after your pets to the best of my ability. Please inform me of the location of appropriate cleaning supplies. If there are accidents above and beyond the normal amount anticipated, I will charge a hourly pro-rated fee for cleanup time. Any cleaning issues that were there prior to your departure are the client’s responsibility. I do not do your general housecleaning (except to clean up what is done by myself or the pet.)
17. **Keys:** A key is **required**, unless you have multiple keyless locks. Garage keypads can be unreliable due to power outages and malfunctions. **Two ways into the house are ideal**.If the lock or garage door breaks, and I am required to call a locksmith or repairman to access the house, the client will pay for those services. I DO NOT RECOMMEND that you leave a key under your doormat or flower pot or such, as this is extremely unsafe and leaves your home open to invasion. If you leave a key to your home outside, Laura’s Best Care, LLC is not liable for damages caused by someone finding this key and accessing your home.
18. **Privacy Policy:** All of your information will be kept private and confidential. Keys, when not with me, are kept in a locked location. I never make copies of keys, and I only mark them with your pets’ names, so that your name and address are never obvious on your key. I **highly** respect your entrusting me with the care of your home and your beloved pets.
19. **Household Emergencies:** Please leave the name and number of a trusted person in town or maintenance company you can rely on to attend to any household emergencies that may arise during your absence. In the event of a true emergency such as a fire, flood, or break-in, I will do everything I can to see that the proper authorities are contacted and that your pet is housed in a safe location. If your home is unsafe, this may be at a local kennel or veterinarian, and the client will be responsible for those charges.
20. **Early Returns/Last minute Changes:** It is common for trip plans to change at the last minute. If your trip plans change, please inform me **as soon as possible.**  If I arrive at your house and you are home already, you will be charged for the visit.
21. **Holiday Trip Cancellations:** I do not charge for trip cancellations if you have a good reason, such as medical emergency, death in the family, or extreme weather conditions. Emergencies happen! However, please be aware that I may have scheduled my own plans or turned away others on your behalf. If you have cancelled a holiday visit, I will require a deposit before your next holiday reservation.
22. **Requested or Emergency trip rates**
    * Grooming Trips - $10.00 per trip
    * Vet Trips - $10.00 per trip / up to 30 minutes. $8.00 per each additional 15 minutes I’m required to remain at the veterinarian’s office.
    * Emergency Vet Trips - $10.00 per half hour. I will notify both you and your emergency contact immediately in an effort to keep this cost at a minimum.
23. **Payment:** Laura’s Best Care, LLC accepts cash. checks, PayPal, MasterCard, Visa, American Express. A bill will be left on your kitchen counter at the end of service with the remaining balance.. **For all clients, 50% payment is due up front, any balance due shall be paid upon return. For weekly clients, payment is due at the end of each week.** Please make all checks payable to Laura Fournier-Wick. Payment may be left at the house or paid via credit card through my business website. *Please,* ***never*** *leave cash in the mailbox.*

**Policies and rates may change at the discretion of the business owner. A copy of the current Policy and Rate Agreement may be requested at any time.**

Policies and Rate Agreement Signature Sheet

**I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand and agree to the policies and rates of Laura’s Best Care, LLC. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of Laura’s Best Care, LLC, a copy of which may be requested at any time.**

**Pet Owner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laura Fournier-Wick, Owner of Laura’s Best Care, LLC**

**Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Client Notes:**

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