

BRUNO BUDDY AGREEMENT



Client Name/s: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Alternative Phone: (____) _____ Email: _____

Emergency Contact Name: _____ Phone: (____) _____

Location of Extra Key: _____

Alarm Deactivation Code/Password: _____ Alarm Activation Code: _____

Alarm Company Name: _____ Phone: (____) _____

Where can we reach you?

Address: _____

Phone: (____) _____ Email: _____

Do you want us to verify you have returned on time and continue to visit if we do not hear from you? YES / NO

Would you like us to contact you regularly during the visit? YES / NO

If yes, please indicate by what method and when/how often: _____

I agree that I have requested a Bruno Buddy to take care of my pet(s) specified below. I agree to pay the charges accrued for the services provided as outlined in this agreement.

I understand that payment is due at or prior to the time of the first visit.

Owner's Signature: _____ Date: _____

Pet's Name (please print): _____ Breed: _____

Pet's Name (please print): _____ Breed: _____

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BRUNO BUDDY ASSIGNMENT INFORMATION

Client Name: _____

Dog(s) Name: _____

Charge per visit: \$ _____ Number of visits per day: _____

Date of first visit: _____ Date of last visit: _____

Total number of daily visits: _____ Total number of pets per visits: _____

Additional Services: (please check all additional services you would like to request):

_____ Administer Medication Dosage/How often _____

_____ Extended Walk How often _____

_____ Bring in mail/newspapers How often _____

_____ Pet Waste Removal How often _____

_____ Water Plants How often _____

_____ Put out trash cans/recycling Date(s) _____

_____ Sleepover How often _____

_____ 30 minute Beach run How often _____

_____ Brushing/De-matting How often _____

_____ Shuttle Service How often _____

_____ Dog Training How often _____

_____ Other (Please explain) _____

NOTES: _____

PET INFORMATION SHEET

Client Name: _____ Dog Name: _____

DOB: _____ Breed: _____ Color/Markings: _____ Sex: M/F

Neutered/Spayed: Yes/No Rabies Exp. _____ Vet Name/#: _____

Feeding:

Brand of food for feedings: _____ How much per visit: _____

Special feeding instructions: _____

Medication:

Is your dog on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept: _____

Other

Does your dog have a favorite game? _____

Does your dog have favorite hiding places? _____

Does your dog need special harness/collar for walks? Where do you keep your collar and leash? _____

Personality Traits:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:

Is your dog(s) allowed on the furniture YES / NO

Is friendly with other dogs YES / NO

Likes new adults YES / NO

Likes children YES / NO

Is allowed in the house YES / NO

Is allowed to have treats YES / NO

Is prone to digging YES / NO

Is prone to chewing YES / NO

Is fearful of noises or other things YES / NO

Obeys basic commands YES / NO

Has bitten people or other dogs YES / NO

Has shown other aggression YES / NO

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care:

VETERINARY INSTRUCTIONS AND RELEASE FORM

Client Name: _____ **Pet Name:** _____

Age: _____ Medical conditions/medications: _____

Client Name: _____ **Pet Name:** _____

Age: _____ Medical conditions/medications: _____

Client Name: _____ **Pet Name:** _____

Age: _____ Medical conditions/medications: _____

Client Name: _____ **Pet Name:** _____

Age: _____ Medical conditions/medications: _____

If any of the pets named above becomes ill or is injured, I request that my Bruno Buddy take the pet(s) to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office Name: _____

Address: _____

Phone Number: _____

I give permission to my Bruno Buddy to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize my Bruno Buddy to take my pet/s to another veterinary office for treatment. I understand that Bruno's Buddies cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below and throughout the last scheduled visit.

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____