



Dayna Troiano
Pet Services, LLC

Owner Information

Name_____ Email_____

Address_____ City _____ Zip_____

Cell Phone_____ Work _____ Other_____

Emergency Contact

Name_____ Number_____

Entrance information (Door Code/Key)_____

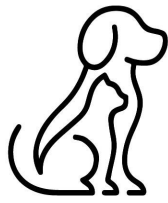
Alarm Y/N (If so, please provide code)_____

How did you hear about us?_____

Pet Information

Pet Name, Age, M/F, Breed & Color

UTD Vaccinations Y/N



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Microchip Y/N Number _____

Sick in last 30 days Y/N (If yes, please provide further details)

Medical conditions _____

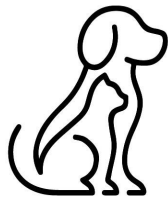
Medication Y/N (If yes, please list names and dosage)

Any bite history or reactivity/guarding? (Food, leash, other dogs) _____

Would you like walks or let outs? _____

Any area on walk to be avoided? _____

Allowed on the furniture Y/N Crated Y/N



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Feeding Instructions

Brand/ Amount /Times

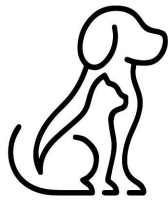
Special feeding instructions:

Veterinary Information

Name _____ Preferred Dr. _____

Address _____ Number _____

- **If you are going to be away, please make sure to contact your Veterinary office and have Dayna Troiano Pet Services on file in case of emergency.**



**Dayna Troiano
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Services and Rates (Non Negotiable)

*** Service area within 7 miles. Outside area additional cost \$5**

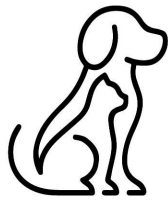
***30 Minute Visit/Walk \$30 *Each Additional Pet \$5**

***Medication \$5 extra per pet * 1 Hour Visit \$50 per hour**

- **Holiday fee, \$10 extra per visit
(Easter Sunday, Memorial Day,
July 4th, Labor day, Thanksgiving, Christmas Eve,
Christmas Day, New Year's Eve, New Year's Day)**

Cancellation Policy

- **NO REFUNDS ON SAME DAY CANCELLATIONS.**
- **24 hr cancellation fee 50% of appointment.**
- **48 hr full refund for cancellations.**



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Terms of Payment

*Accepted Cash, Checks and Venmo @DaynaTroianoPet

*Checks made payable to **Dayna Troiano. Returned checks will be charged a fee of \$12.**

***Please note payment for walks and let outs are Due at time of visit unless otherwise discussed.**

Thank you for choosing me for your pet care needs!
I have read and agreed to the above.

Print_____

Sign_____Date_____