# NOTHING LIKE HOME PET CARE

## PROFILE INTAKE SHEET & OPERATIONS SYSTEM

*Complete during client consultation. Use a separate row or column layout for each animal. Securely verify all tracking criteria items.*

## 1. PRIMARY VETERINARY CLINIC INFORMATION

**Clinic/Hospital Name:**
_____

**Primary Vet Practitioner:**
_____

**Full Clinic Address:**
_____

**Clinic Phone Number:**
_____

## 2. MANDATORY EMERGENCY PAYMENT DETAILS (VET CARE)

**Verify that the medical billing setup matches Section 10 of the Master Service Agreement (MSA):**
[ ] Credit Card on File Directly with Clinic [ ] Cash Fund on Property [ ] Authorized Local Financial Proxy

**Specific Access Notes / Fund Location / Proxy Phone:**
_____

*Client Confirmation Initials: _____ (I verify this selection matches my Section 10 MSA Directive)*

## 3. DETAILED ANIMAL PROFILES

**PET PROFILE #1**

**Pet Name:** _____

**Species (Dog/Cat/Exotic):** _____

**Breed & Color:** _____

**Age / Weight:** _____

**Microchip Number:** _____

**Behavioral History (Fear/Aggression):**
_____

**Yard Safety Check (Jumper/Digger):**
[ ] Yes [ ] No

**Dietary Profile:**
* Morning Feeding: _____
* Evening Feeding: _____

**Dietary Restrictions / Treats:**
_____

**Medical Log (Dose, Frequency, Method):**
_____
_____

**PET PROFILE #2**

**Pet Name:** _____

**Species (Dog/Cat/Exotic):** _____

**Breed & Color:** _____

**Age / Weight:** _____

**Microchip Number:** _____

**Behavioral History (Fear/Aggression):**
_____

**Yard Safety Check (Jumper/Digger):**
[ ] Yes [ ] No

**Dietary Profile:**
* Morning Feeding: _____
* Evening Feeding: _____

**Dietary Restrictions / Treats:**
_____

**Medical Log (Dose, Frequency, Method):**
_____
_____

## 4. PROPERTY OPERATIONS & UTILITY LOCATIONS

**Main Water Shut-off Valve Location:**

_____

**Gas Shut-off Valve / Electrical Panel Location:**

_____

**Thermostat Settings & Ranges:** Minimum: _____°C | Maximum: _____°C

**Out-of-Bounds Rooms (Strictly No Access):**

_____

**Trash / Recycling Collection Instructions & Days:**

_____

## 5. KEY RETENTION RECEIPT LOG

*This section acts as a legal chain-of-custody confirmation for structural keys held by Nothing Like Home Pet Care.*

**Internal Assigned Security Tracking Code:**

_____

**Key Description (Color, Brand):**

_____

**Physical Key Checked and Successfully Tested on Entry Doors:** **[ ] Yes** **[ ] No**

| Date of Transfer | Action (Pick-up/Return/Test) | Received By (Print) | Authorized Signature |
|---|---|---|---|
| ____/____/____ | Initial Clipboard Pick-Up | _____ | _____ |
| ____/____/____ | Secure Post-Trip Testing Check | _____ | _____ |
| ____/____/____ | Permanent Hand-to-Hand Return | _____ | _____ |

**Final Disposition Authorization:** Upon completion of the scheduled trip duration, the Client instructs Nothing Like Home Pet Care to handle keys via:

[ ] **In-Person Hand-to-Hand Return:** Keys held securely and personally returned to Client (Standard Protocol).

[ ] **Secure Inside Lock-In:** Sitter leaves keys locked inside the house on the final visit (Client assumes all lockout risks).

[ ] **Active File Retention:** Retained securely in the company vault for seamless deployment during future bookings.

**CLIENT LEGAL ACCESS AUTHORIZATION SIGNATURE:** X _____ **Date:** ____/____/____

**Printed Client Name:**

_____

## 6. POST-VISIT CLIENT UPDATE SHEET

**Sitter Name:** _____ **Visit Date:** ____/____/____ **Block Time:** _____ to _____

**Core Compliance Task Checklist:**
[ ] Fresh Water Flushed & Cleaned [ ] Post-Feeding Bowls Stripped [ ] Medications Administered
[ ] Waste Scooped / Litter Changed [ ] Visual Yard Fence Security Sweep [ ] Mail & Door Packages Retrieved
[ ] Assigned Lighting Rotated [ ] Security System Re-Armed [ ] Ext. Entry Locks Verified

**Clinical Wellness Patterns:**
* **Dietary Appetite Level:** [ ] Excellent Appetite [ ] Ate Partial Meal [ ] Refused Food
* **Hydration Water Intake:** [ ] Normal Flushed Volume [ ] High Intake [ ] Minimal Intake
* **Emotional Mood / Energy:** [ ] Energetic & Playful [ ] Relaxed / Calmer [ ] Lethargic / Anxious
* **Elimination / Waste Status:** [ ] Bowels Normal & Clear [ ] Urination Verified [ ] Loose Stool / Upset

**Field Notes & Pet Play Anecdotes:**

_____

_____

_____

_____

**Thank You For Your Business & Client Loyalty Rewards:**
Thank you for choosing Nothing Like Home Pet Care! We deeply value your trust. Peak holiday schedules and summer blocks fill up very rapidly. We highly recommend booking at least **14 days** in advance to lock in your preferred time window parameters.

♥ **SHARE THE LOVE & EARN FUTURE BOOKING CREDITS!** Our business grows on beautiful families like yours. For every new friend or neighbor you refer who registers and completes a successful booking with us, we will instantly issue a custom loyal **$25.00 CAD** bonus reward account credit towards your next trip! Hand your friends the official referral card below to ensure tracking credit alignment.

### NOTHING LIKE HOME PET CARE — OFFICIAL REFERRAL BONUS VOUCHER

*Clip this coupon card out and hand it to a friend or neighbor. When they complete their first service registration with Nothing Like Home Pet Care, you receive a loyalty credit!*

**♥ LOYALTY REFERRAL NETWORK BONUS REWARD TICKET ♥**

**Referring Client Name (To Receive Credit):**

_____

**New Referred Friend Name:**

_____

**VALUED REFERRING CLIENT REWARD: $25.00 CAD ACCOUNT CREDIT**

**Authorized Tracking Code:** NLH - REF - _____ (Handwritten by Provider) **Validation Date:** _____
**Representative Authorized Sign-Off:** _____

**Terms & Clearance Parameters:** Referral account credits are issued and activated automatically exactly 72 hours after the new referred friend's first booking has cleared into the Nothing Like Home Pet Care service ledger within British Columbia, Canada. Credits maintain zero cash redemption value, are non-transferable, and expire 365 days from the validation sign-off date.