



Client Information

Name: _____

Address: _____

Home number: _____

Cell number: _____

Emergency contact and phone number: _____

Best way to reach you while gone: _____

Service Type

___ Vacation ___ Pet Taxi

___ Daily walks ___ Medication

Frequency

Date of visits _____ Start _____ Finish _____

Number of visits per day _____ Total visits _____

House Information

Alarm company and phone number _____

Code and Password _____ Garage code _____

Location of cleaning supplies _____

Will anyone have access or ability to enter the home while you are away? _____

Extra key-copy on file or key hidden? _____

Additional Duties

___ Mail/newspaper ___ Water plants ___ Trash pickup date _____

Pet Information

Name: _____

Type: _____ Breed: _____ Color: _____

Age: _____ Any medications: _____

Location of food and instructions: _____

Location of litter box and instructions: _____

Medical Information

Vet Name: _____

Address: _____

Phone Number: _____

We give you permission to authorize medical care for our pets as deemed necessary by a veterinarian, and client will be responsible for full payment of such care.

Signature _____

Special Alerts

Is your pet a flight risk? _____

Is your pet aggressive? _____

Are there any potty issues? _____

Are there any off limit areas in your home? _____

Other: _____