



Client/Pet Information Form

Client Information

Name: _____ Home Phone: _____
 Address: _____ Cell Number: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Directions to Home: _____

WiFi Password: _____
 Service Start Date(MM-DD-YY): _____ Time(HH:MM): _____ AM _____ PM
 Service End Date(MM-DD-YY): _____ Time(HH:MM): _____ AM _____ PM
 Midday Break Service Days: M T W Th F

Midday Service Start Date(MM-DD-YY): _____ Midday Service End Date(MM-DD-YY): _____

House Key Location: _____
 Does anybody else have a key? Yes No

Names: _____
 Security Alarm? Yes No Alarm Code: _____ Garage Door Code: _____

Alarm Instructions: _____

Home Care

Would you like any of the following services provided at no additional charge?

Bring in Mail & Paper	Yes	No	Alter Lighting in the Evening	Yes	No
Water House Plants	Yes	No	Alter Blinds	Yes	No

Is anyone else coming home during service contract period? Yes No

(If yes) Names: _____

Emergency Contacts

Name: _____ Home Phone: _____
 Name: _____ Home Phone: _____

Emergency Instructions: _____

Location of Fuse Box: _____

Location of water shutoff: _____

Pet Information

#1 Breed:	#2 Breed:	#3 Breed:	#4 Breed:
Color:	Color:	Color:	Color:
Markings:	Markings:	Markings:	Markings:
Age(yrs):	Age(yrs):	Age(yrs):	Age(yrs):
Sex:	Sex:	Sex:	Sex:

Feeding/Medication/Temperament Instructions

#1 Meals/Day _____ Type & Location of Food: _____

Feeding Instructions: _____

Treats/Restrictions: _____

Verbal Commands: _____

Vaccination Expiration Date: _____ Microchipped? Yes No

Reaction to Children: _____ Other Animals: _____

What might cause your dog to bite? _____

Does your pet require any medication? Yes No Purpose: _____

Type of medicine: _____ Quantity: _____ X's/day: _____

Feeding/Medication/Temperament Instructions

#2 Meals/Day _____ Type & Location of Food: _____

Feeding Instructions: _____

Treats/Restrictions: _____

Verbal Commands: _____

Vaccination Expiration Date: _____ Microchipped? Yes No

Reaction to Children: _____ Other Animals: _____

What might cause your dog to bite? _____

Does your pet require any medication? Yes No Purpose: _____

Type of medicine: _____ Quantity: _____ X's/day: _____

Feeding/Medication/Temperament Instructions

#3 Meals/Day _____ Type & Location of Food: _____

Feeding Instructions: _____

Treats/Restrictions: _____

Verbal Commands: _____

Vaccination Expiration Date: _____ Microchipped? Yes No

Reaction to Children: _____ Other Animals: _____

What might cause your dog to bite? _____

Does your pet require any medication? Yes No Purpose: _____

Type of medicine: _____ Quantity: _____ X's/day: _____

Feeding/Medication/Temperament Instructions

#4 Meals/Day Type & Location of Food:

Feeding Instructions:

Treats/Restrictions:

Verbal Commands:

Vaccination Expiration Date: Microchipped? Yes No

Reaction to Children: Other Animals:

What might cause your dog to bite?

Does your pet require any medication? Yes No Purpose:

Type of medicine: Quantity: X's/day:

Pet Clean-up

Pet waste disposal instructions:

Accident clean-up instructions:

Exercise/Outside

Walks? Yes No Leash location:

Type of fence: Electric Wood Chain link None Other

Vet Information

Name: Phone

Address:

City State Zip Code

Additional Requests