



Client/Pet Information Sheet

Owner Information:

Name: _____ Text number: _____

Email: _____

Time of visit for each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
T							
I							
M							
E							

Permission to Enter Residence:

Key: Left on premises Spare key released Garage Code: _____ Other: _____

Security System:

Company Name: _____ Phone Number: _____

Code: _____ Password: _____ Door Entering (must be near alarm): _____

Arming Instructions: _____ Disarming Instructions: _____

Property Description:

Securely Fenced: Yes No Gate Properly Working: Yes No

Invisible Fence: Yes No Pet Door: Yes No

Describe any problems with the fence (i.e. gate not easily latched, dog digs under fence, etc): _____

Location of cleaning supplies (solvents, broom, dustpan, paper towels, etc.): _____

Location of Emergency Shut Off Switches: Gas: _____ Water: _____ Circuit Breaker: _____

Will you have any one else on your property while I am there (relatives, friends, house cleaner, etc):

Who: _____ When: _____

Why: _____



**Please fill out one form for each pet so that we may provide the best possible care for your pet. Thank you.*

Pet Name: _____ Male / Female Spayed / Neutered
Microchipped: Yes No Chip Number: _____ Breed: _____
Colors/Markings: _____ Leash/Collar Description: _____
Caged / Run of house / Outdoors / Limited to: _____
Feeding Time: _____ Treats: _____
Feeding Instructions: _____

What commands does your dog know?
 Sit Give Paw Beg Roll Over Stay Play Dead

Other: _____

Walk Route: _____

Location of leash/walk pointers: _____

Favorite Toys/Games: _____

Precautions (other dogs, people, scared of): _____

Anything else we should know: _____

**This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date