

Client Information



New Client

Updating Existing Client Info

Contact

Owner Full Name

Email Address

Home Address

City

State

Zip Code

Home Phone

Other Phone

Work Phone

Other Phone

Cell Phone

Other Phone

Emergency Contact*

Full Name

Relationship

Email Address

Home Phone

Other Phone

Work Phone

Other Phone

Cell Phone

Other Phone

*Someone that can provide care in the event of an emergency or unsafe conditions for our staff

General Information

How did you hear about Caring For Animals, LLC?

What service(s) are you looking for?

Dog Walking

Vet Visits

Pet and House Sitting

Pet Food Runs

Overnight Stay In Home

Household Errands

Pet Taxi

Puppy Play Dates

Client Information



What is your primary reason for using services provided by Caring For Animals, LLC?

- I need someone to care for my pet while I'm on vacation
- I travel extensively
- I work long hours
- My pet needs more exercise
- I don't like leaving my pet alone all day
- Recommended by someone

Have you ever used another pet care service?

- Yes No

If yes, please list:

Is there anyone else with access to your residence?

- Yes No

If yes, please provide:

| | | | |
|------|--|-------|--|
| Name | | Phone | |
|------|--|-------|--|

| | |
|--------|--|
| Reason | |
|--------|--|

Is there anything else that you think we should know?

Service Agreement

I have filled out all forms truthfully and to the best of my knowledge. CFA has my permission to assume care of my pet for the time that I am away. CFA staff has permission to enter my house by the method designated. All keys, and codes will be kept confidential.

| | | | |
|------------|--|------|--|
| Print Name | | Date | |
|------------|--|------|--|

| | |
|-----------|--|
| Signature | |
|-----------|--|