



Customer & Pet Information Form

Customer Information

Client Name(s): _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Email: _____

Nearest Cross Streets: _____ House/Condo/Apt: _____

Landlord Name/Phone: _____ Access Instructions: _____

Dates of Service

Start Date: _____ **Time:** _____ **AM/PM**

Number of Visits Per Day: _____ **Skip Days:** _____

End Date: _____ **Time:** _____ **AM/PM**

Dates Leaving Home: _____ **Time:** _____ **AM/PM**

Dates Arriving Home: _____ **Time:** _____ **AM/PM**

Where can you be reached? _____ **Destination Phone:** _____

Persons with access to your home while you are away: _____

Emergency Contact Name: _____ **Phone:** _____

Comments: _____

Pet Information

Pet Name: _____ **Type of Animal:** _____ **Color:** _____ **Breed:** _____

Birthdate: _____ **Spay/Neuter:** _____ **Vaccinated:** _____ **Sex:** _____

Pet Name: _____ **Type of Animal:** _____ **Color:** _____ **Breed:** _____

Birthdate: _____ **Spay/Neuter:** _____ **Vaccinated:** _____ **Sex:** _____

Pet Name: _____ **Type of Animal:** _____ **Color:** _____ **Breed:** _____

Birthdate: _____ **Spay/Neuter:** _____ **Vaccinated:** _____ **Sex:** _____

Pet Name: _____ **Type of Animal:** _____ **Color:** _____ **Breed:** _____

Birthdate: _____ **Spay/Neuter:** _____ **Vaccinated:** _____ **Sex:** _____



Details About Your Pets

Pets Favorite Hideouts: _____

Common Words/Phrases: _____

What Upsets Your Pet: _____

Toy location(s): _____ Treat Location(s): _____

Cat Specifics

Litter Box Location(s): _____ Favorite Bed Location(s): _____

Favorite Toy(s): _____ Favorite Game: _____

Dog Specifics

Dog Walk Schedule: _____ AM _____ Midday _____ PM

Leash Location: _____ Muzzle/Harness: _____

Behavior on Walks: _____

Favorite Toy(s): _____ Favorite Play/Game: _____

Food Schedule

AM/Amount: _____

Feeding Instructions: _____

PM/Amount: _____

Feeding Instructions: _____

Brand of Food: _____

Food Location: _____

Medical Information

Is your pet on medication: Y N

If yes, please describe: _____



Medical Information

Medical History: _____

Prescription Medications: _____

Dosages: _____

Medication Dosing Times: _____ AM _____ Midday _____ PM

Medication Dosing Times: _____ AM _____ Midday _____ PM

Other: _____

Special Instructions: _____

Veterinarian Information

Veterinary Clinic: _____ Phone: _____

Preferred Veterinarian: _____

Clinic Address: _____

City: _____ State: _____ Zip: _____

Hours of Operation: _____

Major Cross Streets to Clinic: _____

Preferred Emergency Clinic: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Owner Signature: _____

Printed Name: _____ **Date:** _____