



**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: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Vaccinated: \_\_\_\_\_ Sex: \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ Type of Animal: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Vaccinated: \_\_\_\_\_ Sex: \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ Type of Animal: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Vaccinated: \_\_\_\_\_ Sex: \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ Type of Animal: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
Birthday: \_\_\_\_\_ 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:** \_\_\_\_\_