

Scales and Tails Client Information Form

Today's Date: _____

Client Information

Owner First and Last Name: _____

Spouse or Partner Name (If applicable): _____

Address: _____

City: _____ ZIP/PC: _____

Phone: _____ Cell phone: _____

Email: _____

Entry Information

Number of keys provided: _____

Alarm Code: _____

Alarm Co. and Phone #: _____

Other entry details: _____

This person has an extra key (name & #): _____

Pet Information

Number of pets: _____

Pet names, breeds, ages, sex, and markings (attach photos):

Tag/license numbers, if applicable: _____

Pet usual hiding places: _____

Injuries or sensitive spots: _____

Medication and dosage: _____

Feeding and Care

Food is located: _____

Feeding instructions (when, how much, mixing, etc.):

Treats okay? Yes No Treat location: _____

Cleaning supply location: _____
Pet favorite games or toys: _____
Collar and leash location: _____
Special requests or additional information: _____

Emergency Contact Info

Vet*: _____
Pet Insurance Company: _____
Family: _____
Neighbor: _____

** If pet sitter is authorized to take pet to vet if necessary, sign separate release form.*