

New Client Registration

Owner Name: _____

Address: _____

Phone Number: () _____ - _____

EMERGENCY CONTACT: Name: _____ Number: _____

Veterinarian: _____

Address: _____ Phone: _____

_____ GAPS has my permission to seek treatment at the veterinary office listed above for any injury/illness that should occur in my absence. I understand that every attempt will be made to contact me in advance. (please initial)

Home entry instructions (which door? Key? Number pad code? Garage door opener?):

_____ I have requested and given permission to GAPS to collect my mail. please initial)

I hereby acknowledge that a pet sitter will be caring for my pet(s) in my home according to all instructions I have provided. I will be contact them immediately if there are any changes to my schedule (departure/arrival dates or times).

Owner's signature

Date