

New Customer Checklist

Client Information

- ☐ Full Name: _____

- ☐ Phone Number (Primary & Emergency Contact) _____

- ☐ Full Name: _____

- ☐ Phone Number (Primary & Emergency Contact) _____

- ☐
- ☐ Email Address: _____

☐ Home Address: _____

☐ Preferred Method of Communication:

☐ Text

☐ Phone Call

☐ Email

Companion Pet Information

☐ First Pet Name: _____

☐ Species/Breed: _____

☐ Age: _____

☐ Sex:

☐ Male

☐ Female

☐ Spayed/Neutered

☐ Microchipped?

☐ Yes

☐ No

☐ Vet Name & Contact: _____

☐ Medications or Special Needs: _____

☐ Behavioral Concerns: _____

☐ Additional Information about personality and likes/dislikes: ____

☐ Second Pet Name: _____

☐ Species/Breed: _____

☐ Age: _____

☐ Sex:
☐ Male
☐ Female
☐ Spayed/Neutered

☐ Microchipped?
☐ Yes
☐ No

☐ Vet Name & Contact: _____

☐ Medications or Special Needs: _____

☐ Behavioral Concerns: _____

☐ Additional Information about personality and likes/dislikes: ____

☐ Additional Pet Name: _____

☐ Species/Breed: _____

☐ Age: _____

☐ Sex:
☐ Male
☐ Female
☐ Spayed/Neutered

☐ Microchipped?
☐ Yes
☐ No

☐ Vet Name & Contact: _____

- ☐ Medications or Special Needs: _____

- ☐ Behavioral Concerns: _____

- ☐ Additional Information about personality and likes/dislikes: ____

Home Care Instructions

- ☐ Security System Instructions: _____

- ☐ Location of Pet Supplies: _____

- ☐ Trash Day/Mail Pickup/Light Rotation: _____

- ☐ Plants or Other Needs: _____

☐ Wi-Fi Access Info: _____

☐ Other Notes: _____

Emergency Plan

- ☐ I authorize Oh Beehive Pet Care to transport my pet in an emergency and approve treatment up to: \$ _____
- ☐ Alternative Contact (Name & Phone): _____

Thank you for trusting Oh Beehive Pet Care! We are excited to care for your furry family. 🐾🐾