

INTRODUCTION FORMS



**PAWS
AND
BEYOND**
Pet Care, LLC

Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to the best of your knowledge

Client Contact Information

Clients full name:

Address:

Mobile number:

Email address:

Work Number:

Emergency Contact Information

Emergency contact name:

Do they have a key?

Y N

Relationship to owner:

Mobile number:

Work Number:

Email address:

Vet Information

Vet name:

Vet address:

Phone number:

Opening hours:

Email address:

Pet Profile

Pet name:	Pet age:	Pet name:	Pet age:
Gender:	M <input type="radio"/> F <input type="radio"/>	Gender:	M <input type="radio"/> F <input type="radio"/>
Type of Animal:		Type of Animal:	
Neutered/Spayed:	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	Neutered/Spayed:	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>
Fully vaccinated:	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated:	Y <input type="radio"/> N <input type="radio"/>
Flea/Tick Treatments:	Y <input type="radio"/> N <input type="radio"/>	Flea/Tick Treatments:	Y <input type="radio"/> N <input type="radio"/>
Micro chipped:	Y <input type="radio"/> N <input type="radio"/>	Micro chipped:	Y <input type="radio"/> N <input type="radio"/>
Treats allowed:	Y <input type="radio"/> N <input type="radio"/>	Treats allowed:	Y <input type="radio"/> N <input type="radio"/>
Allergies/intolerances?	Y <input type="radio"/> N <input type="radio"/>	Allergies/intolerances?	Y <input type="radio"/> N <input type="radio"/>
More information:		More information:	
Medical conditions?		Medical conditions?	
More information:		More information:	
Is medication required?		Is medication required?	
If yes please fill out medication form		If yes please fill out medication form	
Any limited or impaired sensory functions?		Any limited or impaired sensory functions?	

Feeding Information

Feeding Times:	Feeding Times:
Quantity:	Quantity:

Pet Profile Cont'd

Has your pet(s) ever shown signs of aggression towards a person or another animal? Y N

Please explain below:

Any behavioural concerns (guarding things, noise phobias, etc)

Please indicate where the following are kept

Towel

Lead/collar

Toys

Treats

Brushes

Cleaning supplies

House Information

Will you be providing a key? Yes No

If no please give details of how we will enter home

Will there be anyone in your home? Yes No

Will the house alarm be on? Yes No

Code:

Restricted areas of the house: Yes No

Please specify:

Which door will I be entering from?

Pet sitting details

Start date:

End date:

How many visits per day:

Visit 1 time:

Visit 2 time:

Visit 3 time:

Visit 4 time:

Extra Information

Client Consent

Client name:

Date:

Client signature:

Pet sitter name:

Date:

Pet sitter signature: