



Leash on Life Pet Services
Dog Walking/Pet Sitting

Client Form

CLIENT INFORMATION

Client(s): _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Other Cell: _____ Email: _____

Other Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

PLEASE PROVIDE THE FOLLOWING:

Key at time of 'Meet & Greet'

Location of extra key:

If Garage Code, please provide it:

LOCATION OF IMPORTANT ITEMS:

Leash/crate/cat carrier:

Pet Food:

Cleaning Supplies:

Thermostat:

Breaker Box:

Indoor/Outdoor light switches:

Waste disposal bags & where to dispose of bags:

Pet Towels

