

Client Contact

Address	Zip Code
Cell Phone	Work Phone
Vet Contact	Ph
Alt. Contact	Alt. Phone
Facebook/Instagram (For Photos)	

Pet Info

Pet 1 _____ **Pet 2** _____

Species	Dog	Cat	Bird	Reptile	Other	Dog	Cat	Bird	Reptile	Other
Breed										
Sex	Male		Female			Male		Female		
Altered	Yes		No			Yes		No		
Temperament										
Vaccinations	Rabies	DHPP	Bordetella	Flea/Tick		Rabies	DHPP	Bordetella	Flea/Tick	
Special Notes										

Visit Info

	MON	TUE	WED	THU	FRI	SAT	SUN
Dates of Service	1 Time			On Going	Weekly	Monthly	
Length of Visit	15	30	45	60	15	30	45 60
Times a Day	x1	x2	x3	x4	x1	x2	x3 x4
Potty/Litter	Walk	Yard	Pee Pad	Litter-box	Walk	Yard	Pee Pad Litter-box
Feeding schedule	AM	PM	BOTH		AM	PM	BOTH
Type of Food	WET	DRY	BOTH		WET	DRY	BOTH
Amount of Food							
Treats							
Rx							
Location of	Food	Treats	Leash	Rx	Cleaning	Supplies	

Add'l. Notes

Hurr/Evac Plan? Y / N (Specify on reverse) Emergency Care Giver: _____

Keys Received? Y N Return? Y N Authorize to Keep (lock-box) Y N

Alarm Codes _____

Payments BLUETALES ROVER DOGVACAY CASH OTHER

Rate / Discount _____

Referred By _____

