

# Annapolis Pet Services, LLC

"Our Service is From the Heart"

Chief Pet Sitter: Don Barker

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## CLIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

## VETERINARIAN

Clinic: \_\_\_\_\_ Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pet Health Insurance? \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

NOTES: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

NOTES: \_\_\_\_\_

**Security**

Alarm: Yes / No      Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Panel Location: \_\_\_\_\_ Password: \_\_\_\_\_

Arm: \_\_\_\_\_ Disarm: \_\_\_\_\_

Other Info: \_\_\_\_\_

**Home Care Instructions**

Mail: \_\_\_\_\_ Paper: Yes / No      Trash Pickup: \_\_\_\_\_

Leave Lights On? Which ones? \_\_\_\_\_

Leave Radio/TV on? What hours? \_\_\_\_\_

Plants (Indoor? Outdoor?) \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will others be helping with your pet while you're not home? Yes / No

If yes, how will the responsibility be shared? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Locations**

Pet food:

- Where is it stored?
- Where does your pet eat?
- Do you give them treats?

Leashes and Collars:

Litter Box:

Cleaning Supplies:

- General Supplies
- Mop and bucket
- Carpet cleaner
- Special cleaning instructions

Towels:

Plastic bags:

Circuit breaker:

Miscellaneous: