

To ensure that we provide the best possible care to your pets and your home, we need detailed information from you. Please take some time to fill out the below form prior to your meet & greet. If you have any questions don't hesitate to contact us.

Client Profile & Pet Guide:

Client Last Name: _____ Client First Name: _____ Spouse Name: _____

Address: _____ City: _____ State: _____ ZIP : _____

Email address: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Veterinary Clinic: _____

Pet Information:

| | Name | Animal Type | Breed/Color | Birthday | Spayed/ Neutered? | Declawed | Sex | Up to date on vaccines |
|-------|------|-------------|-------------|----------|-------------------|----------|-----|------------------------|
| Pet 1 | | | | | | | | |
| Pet 2 | | | | | | | | |
| Pet 3 | | | | | | | | |
| Pet 4 | | | | | | | | |
| Pet 5 | | | | | | | | |
| Pet 6 | | | | | | | | |

Crating / Gating Information:

(please describe where each pet is be when unsupervised)

Shy / Aggressive Pets:

(has your pet bit anyone or another pet? Are they an escape artist? afraid of strangers?)

Feeding Instructions:

| | | | | |
|--|---------------|--------------|------------------|--------------------------|
| | Brand of food | Feeding time | Amount per meal: | Additional Instructions: |
|--|---------------|--------------|------------------|--------------------------|

| | Brand of food | Feeding time (check all that apply) | Amount per meal: | Additional Instructions: |
|-------|---------------|--|------------------|--------------------------|
| Pet 1 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| Pet 2 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| Pet 3 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| Pet 4 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| Pet 5 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| Pet 6 | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |

Medication Instructions:

| Which Pet? | Name of Medication | Administer when: | Dosage: | Specific instructions: |
|------------|--------------------|--|---------|------------------------|
| | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |
| | | <input type="checkbox"/> am <input type="checkbox"/> mid <input type="checkbox"/> pm | | |

Medical History:

(please give a detailed history on each pet)

Location of:

| | | | |
|--------------------|--|-----------------------------|--|
| Crated Area | | Treats | |
| Leash / Collar | | Litter Box | |
| Food Dish | | Scoop & Litter Box Supplies | |
| Food | | Kitchen Waste | |
| Water Dishes | | Outside Waste | |
| Medication | | Paw Towel | |
| Paper Towels | | Spot Cleaner | |
| Broom/Vacuum | | Put Mail / Newspaper | |
| Indoor Plants | | Outdoor Plants | |
| Garbage pickup day | | Poop bags / scoop | |
| | | | |