



Client Information		
Guardian's Name:		Home Phone:
Address:		
Description of Services		
Arrival date & time:		Departure date & time:
Number of resulting days:	x Rate:	Total Due: \$
Exercise Instructions		
Frequency:		Duration:
Mode of Exercise:		
Exercise Restrictions:		
House Care Instructions		
Expecting other visitors while away? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, whom?
Name(s) of other key holder(s) to the home:		Key holders know of client's absence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mail & Newspaper Instructions:		Garbage Instructions:
House Plant Care Instructions:		
Yard Care Instructions:		
How to leave house when gone (doors/windows/air cond./fans/t.v./radio/lighting)?		
Notes about house to be aware of (hard to use appliances/tricky doors/locks/light switches:, etc) :		

Please notify us upon your return to avoid incurring additional charges.



Client Profile
(Please complete fully for our permanent records)

Client Name:							
Address:							
City:		Zip Code:					
Home Phone:		Work Phone:					
Cell Phone:		Email:					
Emergency Information							
Emergency Contact:			Phone:				
Alternate Emergency Contact:			Phone:				
Vet Office/Vet's Name:			Phone:				
Vet's Address:							
Household Information							
Location of cleaning supplies:							
Location of trash receptacles:		Inside:			Outside:		
Garbage Day(s):		Cleaning Day:		Gardner Day:			
Do you have a security system?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please notify security company you are using our service!					
Name of Security Service:			Phone:				
Entry Code		Exit Code		Password		Location	
Parking Instructions:							
Where is the nearest phone?							
Miscellaneous Instructions:							
KEYS: Keep for future visits?		Return		Garage Door Code			



Pet Profile

(Please complete fully for our permanent records)

1. Name _____ Age _____ Sex M/F Altered? Y N Species _____ Breed _____
 Micro-chipped? Y N Chip #: _____ Registry Co. : _____

2. Name _____ Age _____ Sex M/F Altered? Y N Species _____ Breed _____
 Micro-chipped? Y N Chip #: _____ Registry Co. : _____

Feeding Instructions					
	<u>Type</u>	<u>Amount</u>	<u>How Mixed</u>	<u>Feeding Schedule</u>	<u>Spec. Instructions</u>
Food 1:					
Food 2:					
Favorite Treats: How often/when?			Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat/Dietary Restrictions:			Additional Notes:		
Location of bowls / medication:					
Medical Information					
Are vaccinations current?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
Current Medications:		Reason(s) for Meds:			
Medicine:	Amount:	Time:	Notes:		
Medicine:	Amount:	Time:	Notes:		
Current Supplements:					
Additional Health Care Notes:					
Important Medical History (such as past surgeries, injuries, illnesses, etc.):					
Behavior Information					
Temperament/attitude towards strangers (check all that apply):		Excited		Friendly	Aloof
Cautious	Stressed	Scared/Defensive		Aggressive	
Dog to Dog social skills/attitude: (dog park or day care experience?)					
Has pet ever bitten anyone or acted aggressive toward anyone?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Physical conditions or problems to watch for/be aware of: (house training or bowel/bladder control)					
Please describe your pet's normal routine: (feeding, elimination, exercise, etc.)					
Training/Obedience/Commands:	Is there a magic word for pee/poop?	How is your dog on a lead?			
Favorite Toys / Activities:					



Pet Profile (Continued)

3. Name _____ Age _____ Sex M/F Altered? Y N Species _____ Breed _____
 Micro-chipped? Y N Chip #: _____ Registry Co. : _____

4. Name _____ Age _____ Sex M/F Altered? Y N Species _____ Breed _____
 Micro-chipped? Y N Chip #: _____ Registry Co. : _____

5. Name _____ Age _____ Sex M/F Altered? Y N Species _____ Breed _____
 Micro-chipped? Y N Chip #: _____ Registry Co. : _____

Feeding Instructions					
	Type	Amount	How Mixed	Feeding Schedule	Spec. Instructions
Food 1:					
Food 2:					
Food 3:					
Food 4:					

Medical Information	
Are vaccinations current?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____
Current Medications:	Reason(s) for Meds: _____
Medicine:	Amount: _____ Time: _____ Notes: _____
Medicine:	Amount: _____ Time: _____ Notes: _____
Current Supplements:	_____
Additional Health Care Notes: _____	
Important Medical History (such as past surgeries, injuries, illnesses, etc.): _____	

Behavior Information					
Temperament/attitude towards strangers (check all that apply):	Excited		Friendly		Aloof
Cautious		Stressed		Scared/Defensive	Aggressive
Dog to Dog social skills/attitude: (dog park or day care experience?) _____					
Has pet ever bitten anyone or acted aggressive toward anyone?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
Physical conditions or problems to watch for/be aware of: (house training or bowel/bladder control)			_____		
Please describe your pet's normal routine: (feeding, elimination, exercise, etc.) _____					
Training/Obedience/Commands:	Is there a magic word for pee/poop?		How is your dog on a lead?		
Favorite Toys / Activities: _____					