

2 DAWG NITE-IN HOME PET CARE SERVICES

Client Registration Form for: Animal/Home Information-Appendex "A"

****Please complete form & return to caregiver by first visit****

Client Information

Client Start Date: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Directions to House: _____

How did you hear about us _____

Key Pick Up (no charge) _____ Key Drop Off (\$5.00 charge) _____

Gate Codes _____ Alarm Codes _____

Veterinary Information

Vet Name: _____ Phone # _____

Address: _____ City _____ Zip _____

Emergency Vet Option: _____

Emergency Contact's for House

Name: _____ Phone # _____

Name: _____ Phone # _____

People who will be coming to home while you are traveling, please indicate time & day:

Maid _____ Pool Man _____ Friends/Family _____

Housekeeper _____ Gardener _____ Other _____

Emergency Contact's for Animals

Name: _____ Phone # _____

Name: _____ Phone # _____

Emergency Contact's for Extra Key

Name: _____ Phone # _____

Name: _____ Phone # _____

Pet Supplies Information

Food _____ Location _____

Water & Food bowl Location _____

Treats _____ Location _____

Pet Carrier Location _____

Litter Box(s) Location _____

Litter Box Supplies Location _____

(litter, poop scoop & bags)

Collar & Leash Location _____

Paper Towels & Carpet Cleaner _____

Do You Need Any Other Free Services

Mail Brought In _____ Garbage Cans/Day _____

Water Inside Plants _____ Alter Drapes/Curtains _____

Bring In Newspaper _____ TV/Radio (on/off) _____

Specific Pet Information

Pet #1 Name _____ Sex _____ Age _____ Color _____

Birth Date _____ Breed _____ Sex _____

Type of Pet (dog/cat/bird) _____ Nature of Pet (gentle/friendly, lazy) _____

Shots Current? _____ Illness? _____

Markings on Pet _____ Gen. Health _____

Exercise, Walking & Letting out Routine _____

Where Does Pet Sleep? _____

Brand of Food & Feeding Schedule _____

(Friskies, Iams,- AM &/or PM) **(Please Be Specific)**

Notes for Medical Attention _____

(Vitamins-shots-meds) **(Please Be Specific)**

Pet #2 Name _____ Sex _____ Age _____ Color _____

Birth Date _____ Breed _____ Sex _____

Type of Pet (dog/cat/bird) _____ Nature of Pet (gentle/friendly, lazy) _____

Shots Current? _____ Illness? _____

Markings on Pet _____ Gen. Health _____

Exercise, Walking & Letting out Routine _____

Where Does Pet Sleep? _____

Brand of Food & Feeding Schedule _____

(Friskies, Iams,- AM &/or PM) **(Please Be Specific)**

Notes for Medical Attention _____

(Vitamins-shots-meds) **(Please Be Specific)**

Pet #3 Name _____ Sex _____ Age _____ Color _____

Birth Date _____ Breed _____ Sex _____

Type of Pet (dog/cat/bird) _____ Nature of Pet (gentle/friendly, lazy) _____

Shots Current? _____ Illness? _____

Markings on Pet _____ Gen. Health _____

Exercise, Walking & Letting out Routine _____

Where Does Pet Sleep? _____

Brand of Food & Feeding Schedule _____

(Friskies, Iams,- AM &/or PM) **(Please Be Specific)**

Notes for Medical Attention _____

(Vitamins-shots-meds) **(Please Be Specific)**

Pet #4 Name _____ Sex _____ Age _____ Color _____

Birth Date _____ Breed _____ Sex _____

Type of Pet (dog/cat/bird) _____ Nature of Pet (gentle/friendly, lazy) _____

Shots Current? _____ Illness? _____

Markings on Pet _____ Gen. Health _____

Exercise, Walking & Letting out Routine _____

Where Does Pet Sleep? _____

Brand of Food & Feeding Schedule _____

(Friskies, Iams,- AM &/or PM) (**Please Be Specific**)

Notes for Medical Attention _____

(Vitamins-shots-meds) (**Please Be Specific**)

Specific Care Of The House (if applicable)

Lights left on inside? _____ Alarms _____

Lights left on outside? _____ Thermostats _____

Client's instructions in case of house emergency: _____

Instructions for pick of mail (box # & location) & newspapers: _____

Instructions For Pets on Rainy Days

Client Name (print)

Client Signature

Date

2 DAWG NITE

Business Name (print)

Signed by

Date