

DATE: _____ CUSTOMER #:

NAME:

ADDRESS:

PHONE-HOME: _____

WORK:

MOBILE: _____

OTHER:

OUT OF TOWN EMERGENCY #

Is there an alarm on your house? Y / N *If yes please give operating instructions to the pet sitter now-in writing, on a piece of paper without any identifying information on it. This information will be immediately transferred to a file that identifies you only by number and is never stored with your client file. Your house key is catalogued and stored the same way.*

DATES OF TRAVEL:

DATES OF SERVICE:

LOCAL EMERGENCY CONTACT

NAME:

PHONE NUMBERS:

Veterinarian Information-

NAME:

ADDRESS:

PHONE:

TOTAL NUMBER OF PETS OWNED:

TYPE OF PETS:

Is anyone else providing care for the pets at this time? Y / N

If yes-NAME:

PHONE NUMBERS:

Please list the name and phone number of all people with access to the house.