



CLIENT CHECKLIST

CLIENT NAME: _____ Referred by: _____
Address: _____ City: _____ Zip: _____
Preferred Communication Channel: _____ Frequency: _____
Phone Number: _____ (C) (H) (W) _____ (C) (H) (W)
Email: _____

PET INFO: (Supplemental Page is attached ___ Yes ___ No)

Name	Age	Type	Breed	Color	Usual Behavior

Emergency Contact Person: _____

Phone: _____ Relationship: _____

Vet: _____

Address: _____ Phone: _____

Do I have permission to take your animals to the Veterinarian if necessary? _____

Do your pets have any behavior or aggression issues? _____ Added notes on Supplemental Page (Y) (N)

Special Instructions for Pet Care: (diet, medication, daily routines, etc.) _____

Special Instructions for Home Care: Mail: _____ Lights: _____

Plants: _____

Other: _____

Key: Received: _____ Keep in file: _____ Return: _____ to _____

VISITS: Start Date: _____ Time: _____ End Date: _____ Time: _____

Frequency: (Each Day at ~ ___ am/pm) (Twice Daily at ~ ___ am & ~ ___ pm) (Other _____)

Fee: \$ _____ per Visit and/or \$ _____ per Overnight = Total this engagement \$ _____

Please refer to our website, www.YpsiArborPetsitters.com, for our policies including Cancellation Policy.

These instructions and permissions shall remain in effect for future engagements also: (Y) (N)

Pet Owner's Signature Date

Pet Sitter's Signature Date

SUPPLEMENTAL PAGE _____ of _____