

Signature:Date:
Client Name (Please Print):
Contact client first Take pet to the vet
(example: not eating, throwing up, labored breathing, foreign matter in litter box)
IN THE EVENT YOUR PETS ARE OBVIOUSLY SICK
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Contact the client immediately Trust our judgement
(example: not eating, reclusive, combative)
IN THE EVENT YOUR PETS ARE ACTING UNUSUAL
(II necessary, prease demonstrate now to administer)
How many times a day? What time of day? Does pet take it well? Y/N (If necessary, please demonstrate how to administer)
Name: Dosage: Pill or liquid? How many times a day? What time of day? Does pet take it well? Y/N
Where is it stored?
MEDICATION: Where is it stored?
ADDRESS:
NAME: PHONE: PHONE:
VETERINARIAN INFORMATION
WETERINIA DI ANI INICORMATIONI
When is trash picked up?
Should lights be left on or off? When is trash picked up?
Should we open/close window shades/blinds?
Should we water plants? Y/N If yes, how much and how often?
Should we take in mail/newspapers? Y/N
HOUSEHOLD CRIME PREVENTION NOTES:
Any problems going outside in bad weather?
Is the pet leash-trained? Y/N
Where to put "used" plastic bags?
Any animals or people the pet should stay away from?
How far should we go?
Where is leash? Where to walk?
Where is leash?
OUTDOOR INSTRUCTIONS (DOGS)
Where do you keep litter, box liner?
How do you clean up the mess?
What usually causes them?
Does pet ever have accidents? Y/N
CLEANING INSTRUCTIONS: