

Information Sheet Today's Date: _____Owner: _____City & Zip Code: _____ Phone: (Home) (Work) (Cell) DATES OF SERVICE: How many visits per day? Time of visits? **EMERGENCY NUMBER** where you can be reached: Who else has access to house (maid, relative, neighbor)? Who may be in the home while service is being provided? Who else has a key? Phone numbers and/or addresses of these people: Should telephone/door be answered while we are in the home? Y/N **PET INFORMATION: (Please complete one box for each pet)** Dog Cat Bird Other Name: _____ Sex: M/F Age: ___ Breed: ___ Neutered: Y/N Description/Coloring: How long in the home? _____ How was pet acquired? How does pet react to strangers, children, and other animals? Ever attacked anyone? (If yes describe incident) Y/N **FEEDING INSTRUCTIONS:** Where is food stored? Brand (wet, dry, semi moist, or raw)? How many times per day is pet fed? What time of day for feedings? Amount of food to give? What dishes to use? _____ Where is pet fed? _____ Client Name (Please Print): Signature: _____ Date: