



Client Info

Customer Name _____

Pet Name(s) _____

Pet's

Breed _____ **Age** _____ **Sex** _____ **Weight** _____

Mailing

Address _____

Home Phone _____ **Cell** _____ **Other** _____

Emergency Contact Name _____

Phone _____

Veterinarian Name _____

Phone _____

Veterinarian Address

Do I have permission to take your pet to your vet in the event of an emergency? _____

What is the dollar amount you authorize your vet (or an after-hours emergency vet clinic) to charge in the event you cannot be reached? _____

Does anyone else have a key to your home?

If yes, whom? _____

Are there any medications or special health considerations, such as allergies or chronic ailments, of which I should be aware? (Please be as specific and descriptive as possible—the more I know, the better!)

(Attach another sheet or write on back if necessary.)

How does your pet feel about other animals (including other animals in the house), people, and children? (Aggressive, friendly, shy?) _____

What's your pet's favorite toy and/or game?

Would you like photos of your pet emailed or text-messaged to you? If yes, please provide a phone number or email address where you'd like the photos sent. _____

Do I have your permission to blog about and post pictures of your pet on my website? ____

How did you learn about Sugar Sugar Pet Sitting? _____

Customer Signature and Date
