

Client Information

Client Name(s):	
Address:	
Primary phone #:	Note:
Email:	
Alarm company:	
Alarm company phone #:	
Alarm keypad location:	
Alarm system code:	
Alarm notes: i.e. safe word	
Emerg. contact name:	
Contact #:	Note:
Vet Clinic name:	
Doctors name:	
Phone #:	
Address:	
Notes:	
Name of Pet:	
Type of Pet:	
Age:	
Breed:	
Gender:	

Spayed/Neutered:
Feeding times:
Food type/amount:
Food & dish location:
Treat location:
Treats per day (maximum):
Plants location:
Watering schedule:
Mailbox Location/number:
Cleaning products location:
Vacuum location:
Mop/broom location:
Garbage bag/Green bin bag location:
Litter box location:
Cleaning procedure:
Garbage/Recycling day:
Garbage bin location:
Lawn Mower location:
Lawn mower notes:
Snow removal tool location:
Snow removal notes:

Fuse box location:		
Wifi Network:		Password:
Front/Garage door code:		
Visitor: Visitor agreement. This relates to people who will be entering the house on your behalf during your absence, including, but not limited to, roommates, tenants, house cleaners, maintenance, family, friends, etc.		
Name:	Date/Time:	Phone #:
Name:	Date/Time:	Phone #:
Name:	Date/Time:	Phone #:
Name:	Date/Time:	Phone #:
Walks per day:		
Leash location:		
Poop bag location:		
Walk Behaviour: Please check all that apply <ul style="list-style-type: none"> <input type="checkbox"/> Pulls on leash <input type="checkbox"/> Tries to eat things (i.e. garbage, sticks etc.) <input type="checkbox"/> Chases other animals (i.e. cats, rabbits, squirrels) <input type="checkbox"/> Walks near and crosses roads safely <input type="checkbox"/> Pays attention when called <input type="checkbox"/> Gets underfoot <input type="checkbox"/> Good with other dogs <input type="checkbox"/> Overly friendly with other dogs (i.e. pulls/lunges) <input type="checkbox"/> Dislikes other dogs <input type="checkbox"/> Barks at strangers, other dogs or animals <input type="checkbox"/> Likes kids <input type="checkbox"/> Dislikes kids 		
Medication Types/Names:		

Medication Time:
Medication Administration: i.e. oral, IV, etc.
Microchip #:
Pet Licence #:
Other Info: Please include any other valuable contact information for people such as your insurance company, plumber, electrician, neighbors, landlords, etc.
Notes:

