

Emily's Happy Critters Pet Care LLC
Client / Pet Profile

Client Name: _____

Address: _____

City: _____ Zip Code: _____ Wk Phone _____

H Phone _____ Mobile Phone _____

Other _____ E-mail Address: _____

Daily text updates? ___ Yes ___ No

Emergency Contact

Relationship

Telephone

Pet Information Form

Pet Name: _____ Cat Dog Bird Other

Sex: Female Spayed? No Yes Male Neutered? No Yes

Color: _____

Breed: _____ Pet's Date of Birth: _____

Pet's Weight: _____

Feeding Instructions _____

A.M.

P.M.

Brand of Pet Food Used:

Medications:

Name of Medication	When to give meds	amt.	How to give meds
Name of Medication	When to give meds	amt.	How to give meds

History of illness? Yes No If yes, explain:

Pet's collar color: _____ ID Tags: Yes No Microchipped? Yes No

Favorite toys and special treats:

May pet sitter give your pet treats? Yes No

Personality (include phobias/fears)

Has your pet ever snapped at our bitten anyone? Yes No

Is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home?

any other helpful information:

Please attach a copy of updated vaccine records

I agree to give Emily's Happy Critters Pet Care LLC the permission to care for my described pet(s) for the purpose of pet sitting. I agree to pay the invoiced amount by the invoice due date or pay an additional overdue fee. I agree to pay cancellation fee that will be charged to me if cancelling within 48 hours beginning pet care. This agreement will remain valid for current and future services, with the exception of any agreed changes.

Client Signature

date