



## CLIENT INFORMATION SHEET

Client name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: (\_\_\_\_) \_\_\_\_\_

Work phone #(s): (\_\_\_\_) \_\_\_\_\_

Cell phone #(s): (\_\_\_\_) \_\_\_\_\_

Email address(es): \_\_\_\_\_

Emergency contact name and #: \_\_\_\_\_

How did you learn about Kate's Critter Care? \_\_\_\_\_

Alarm code to enter: \_\_\_\_\_ Alarm code to exit: \_\_\_\_\_ Alarm password: \_\_\_\_\_

Preferred veterinary office name: \_\_\_\_\_

Preferred veterinary office address: \_\_\_\_\_

Preferred veterinary office phone #: \_\_\_\_\_

Please detail any veterinary preferences or limits:

Additional duties (please circle those you would like to request):

Bring in mail and newspapers

Water plants

Put out trash and recycling

Other (specify): \_\_\_\_\_

Would you like to be contacted with updates about your pet(s) while you are away? YES / NO

\*If YES, indicate the method (phone, email, text message) and how often you should be contacted:

Additional notes: