

## Client Information

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

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

Zip & Subdivision: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact (for inclement weather): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Executor/Pet Guardian Contact: \_\_\_\_\_

### LOCATION OF IMPORTANT ITEMS

Leash/cat carrier/crate/waste bags: \_\_\_\_\_

Pet Food/Dishes/Treats/Medications: \_\_\_\_\_

Cleaning supplies: \_\_\_\_\_

Vacuum cleaner: \_\_\_\_\_

Thermostat: \_\_\_\_\_

Breaker Box: \_\_\_\_\_ Alarm: \_\_\_ Yes \_\_\_ No

Code: Delay on all doors? \_\_\_\_\_ If not, what doors DO NOT have a delay?

Alarm panel is located: \_\_\_\_\_

Indoor/outdoor light switches: \_\_\_\_\_

### HOME INFORMATION

Please let us know if there is anything out of the ordinary that we should know about your home (i.e. doors that stick, toilets or drains that don't work properly, etc.)

**KEYS** Just Like home Pet Care and More prefers to keep client keys on file to simplify arrangements for future visits. \_\_\_\_\_ I release my house keys to business to retain on file, in a secured location. I may revoke this release at any

time, at which time my keys will be returned. Keys will be permanently marked for identification purposes.

\_\_\_\_\_ I would like Just Like Home Pet Care and More to return my house keys after the current service is completed. Keys will be returned within 5 business days at no charge.

## Pet Information

Pet's name #1: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Type of pet \_\_\_\_\_ Breed: \_\_\_\_\_

Color and markings: \_\_\_\_\_

Shots: \_\_\_\_\_

Is pet micro-chipped? YES NO Chip #: \_\_\_\_\_ Registry company: \_\_\_\_\_

\_\_\_\_ Free feed \_\_\_\_ Dispose of uneaten food \_\_\_\_ Feed apart from other pets Treats:

Exercise/play: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Favorite games/toys: \_\_\_\_\_

Hiding places: \_\_\_\_\_

Indoor/outdoor instructions: \_\_\_\_\_

Allowed on furniture, counters, beds? \_\_\_\_\_

Restricted pet area: \_\_\_\_\_ Crate when alone \_\_\_\_ Crate at all times

\_\_\_\_\_  
Temperament/Personality (likes and dislikes of humans, other animals, loud noises, people near food, petting, weather, etc): \_\_\_\_\_

Any behaviors or problems to be aware of (has pet ever attacked anyone?):

\_\_\_\_\_

Favorite Activities, Games, Toys: \_\_\_\_\_



### Pet Information

Pet's name #2: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Type of pet \_\_\_\_\_ Breed: \_\_\_\_\_

Color and markings: \_\_\_\_\_

Shots:: \_\_\_\_\_

Is pet micro-chipped? YES NO Chip #: \_\_\_\_\_ Registry company: \_\_\_\_\_

\_\_\_\_ Free feed \_\_\_\_ Dispose of uneaten food \_\_\_\_ Feed apart from other pets Treats:

Exercise/play: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Favorite games/toys: \_\_\_\_\_

Hiding places: \_\_\_\_\_

Indoor/outdoor instructions: \_\_\_\_\_

Allowed on furniture, counters, beds? \_\_\_\_\_

Restricted pet area: \_\_\_\_\_ Crate when alone \_\_\_\_ Crate at all times

Temperament/Personality (likes and dislikes of humans, other animals, loud noises, people near food, petting, weather, etc): \_\_\_\_\_

Any behaviors or problems to be aware of (has pet ever attacked anyone?):

Favorite Activities, Games, Toys: \_\_\_\_\_

## Pet Information

Pet's name #3: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Type of pet \_\_\_\_\_ Breed: \_\_\_\_\_

Color and markings: \_\_\_\_\_

Shots: \_\_\_\_\_

Is pet micro-chipped? YES NO Chip #: \_\_\_\_\_ Registry company: \_\_\_\_\_

\_\_\_\_ Free feed \_\_\_\_ Dispose of uneaten food \_\_\_\_ Feed apart from other pets Treats:

Exercise/play: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Favorite games/toys: \_\_\_\_\_

Hiding places: \_\_\_\_\_

Indoor/outdoor instructions: \_\_\_\_\_

Allowed on furniture, counters, beds? \_\_\_\_\_

Restricted pet area: \_\_\_\_\_ Crate when alone \_\_\_\_ Crate at all times

Temperament/Personality (likes and dislikes of humans, other animals, loud noises, people near food, petting, weather, etc): \_\_\_\_\_

Any behaviors or problems to be aware of (has pet ever attacked anyone?):  
\_\_\_\_\_

Favorite Activities, Games, Toys: \_\_\_\_\_



### Travel Information

Date leaving: \_\_\_\_\_ Time leaving: \_\_\_\_\_

Date returning: \_\_\_\_\_ Time returning: \_\_\_\_\_

Flight information: \_\_\_\_\_

Contact Information: \_\_\_\_\_

E-mail address while away: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this person have a key to your home? Yes No Will anyone else be in your home during your absence?  
\_\_\_\_\_

Others who have keys to your home:  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING HOME CARE INFORMATION FOR TRIPS**

- \_\_\_ Bring in mail
- \_\_\_ Bring in paper
- \_\_\_ Alternate lights Open/close curtains
- \_\_\_ Set trash cans out specify day
- \_\_\_ Television or Radio On/off
- \_\_\_ Water plants
- \_\_\_ Thermostat (set temp)

**Other Instructions:**  
\_\_\_\_\_

Client and Date  
\_\_\_\_\_

Leah J Mangham, Just Like Home Pet Care and More    Date \_\_\_\_\_