



## CLIENT FORM

PET PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADD'L PHONE: \_\_\_\_\_

TYPE OF SERVICE(S) INTERESTED IN:  DOG WALKING  PET SITTING  OVERNIGHT PET SITTING

**PET 1:** NAME \_\_\_\_\_ SEX: \_\_\_\_\_

COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

FEEDING TIME: \_\_\_ am \_\_\_ pm FOOD: \_\_\_ wet \_\_\_ dry AMOUNT: \_\_\_\_\_

FEEDING LOCATION: inside / outside / both circle

SPECIAL TOYS? yes / no \_\_\_\_\_ SPECIAL TREATS? yes / no \_\_\_\_\_

SEPARATE FEEDINGS? \_\_\_\_\_

HOW FREQUENTLY IS HE/SHE AROUND STRANGERS? \_\_\_\_\_ GOOD WITH KIDS? \_\_\_\_\_

GOOD WITH OTHER DOGS? \_\_\_\_\_ HOW OFTEN IS HE/SHE WALKED? \_\_\_\_\_

HAVE YOU EVER HIRED A DOG WALKER? \_\_\_\_\_ PET SITTER? \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

**PET 2:** NAME \_\_\_\_\_ SEX: \_\_\_\_\_

COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

FEEDING TIME: \_\_\_ am \_\_\_ pm FOOD: \_\_\_ wet \_\_\_ dry AMOUNT: \_\_\_\_\_

FEEDING LOCATION: inside / outside / both circle

SPECIAL TOYS? yes / no \_\_\_\_\_ SPECIAL TREATS? yes / no \_\_\_\_\_

SEPARATE FEEDINGS? \_\_\_\_\_

HOW FREQUENTLY IS HE/SHE AROUND STRANGER? \_\_\_\_\_ GOOD WITH KIDS? \_\_\_\_\_

GOOD WITH OTHER DOGS? \_\_\_\_\_ HOW OFTEN IS HE/SHE WALKED? \_\_\_\_\_

HAVE YOU EVER HIRED A DOG WALKER? \_\_\_\_\_ PET SITTER? \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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