

VIS-A-PET
Home Pet Care
CLIENT PROFILE

Client's Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ E-mail: _____

Total # of Pets in Household: Dogs _____ Cats _____ Horses _____ Birds _____ Other _____
Do any of your animals have *unset* broken bones? Yes _____ No _____
If Yes, please describe: _____
Have any of your animals experienced a heart attack? Yes _____ No _____
If Yes, please indicate which animal, date, and treatment received: _____

Departure Date: _____ Time: _____ AM PM
Arrival Date: _____ Time: _____ AM PM
Start Date: _____ Time: _____ AM PM
End Date: _____ Time: _____ AM PM
Total # Visits: _____ First Day: _____ Interim Days: _____ Last Day: _____

ER Contact: _____ Phone: _____
ER Contact: _____ Phone: _____
Additional Key Holders (property mgr./family): _____
Security Code: _____ Security Password: _____

Location of Trash Bins (for disposal of pet waste): _____
Trash Day: _____ Lawn Day: _____ Cleaning Day: _____
Location of Cleaning Supplies: _____
Location of Towels: _____ Dirty Laundry: _____
Location of Vacuum/Broom/Dust Pan: _____

PET INFORMATION

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____

PET INFORMATION cont.

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____

Pet's Name: _____ Breed: _____
Species: _____ Description: _____
Pet's Age: _____ DOB: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ De-clawed: Front _____ Back _____
Food Location: _____ Pet Location for Feeding: _____
Feeding Time: 1x/day _____ AM PM 2x/day _____ 3x/day _____
Food Prep: _____
Supplements/Medications (name, dose, frequency, where stored): _____

Allowed to have Treats? No _____ Yes _____ Number of Treats/day: _____
Location of Pet Daytime: _____ Location of Pet at Night: _____
Additional Info: _____
