Customer Checklist

Customer Name:

Address:

Phone Number

 (H):

 (W):

 (C):

Email Address:

Pet(s) Name & Date of Birth:

 1.

 2.

 3.

 4.

Emergency Contact:

 1.

 2.

Vet Name & Number:

 1.

Do I have permission to take your animals to the vet as needed?

Mail, plants, etc?

Daily Schedule:

 Food

 How much?

 How often?

Medication (if any)

Does your pet have behavior or aggression problems?

How will I get into the house?

How did you hear about me?

Do I have permission to post pictures of your pets on social media (first name only)?

Cancellation Policy:

If you cancel a vacation request more than 48 hours prior to first visit start time no payment is due.

If you cancel a vacation request less than 48 hours prior to first visit start time, 25% of invoice will be due.

If you cancel a vacation request after first visit has started, no refunds or credits will be given.

Pet Owner’s Signature Date