



The Pet's Home: New Client Form

Please fill out this form and bring it to your initial meeting with The Pet's Home. Thank you!

Pet/Home Owner's Full Name _____

Address _____

City _____ Zip Code _____

Email Address _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Best contact method (*circle one*) Home phone Cell E-mail

Garage Code (*if applicable*) _____ Alarm Code (*if applicable*) _____

Alarm instructions: _____

Locations

Crated area/cage _____ Poop scoop _____

Leash/collar _____ Kitchen waste _____

Brushes _____ Outside waste _____

Food dish _____ Recycle bin _____

Food _____ Wet paw towels _____

Water (*circle one*) Tap Filtered Bottled _____ Paper towels _____

Water dishes _____ Cleaning supplies _____

Medications location _____ Broom/vacuum _____

Treats _____ Where to put mail _____

Litter box _____ Indoor Plants _____

Emergency Contact Information

Designated Emergency Pet Guardian _____

Guardian's Best Number To Be Reached At _____

Guardian's E-mail _____

Guardian's relationship to owner _____

Miscellaneous Information

Usual vehicles and visitors at home _____

Snow removal instructions _____

Garbage day instructions _____

How did you hear about The Pet's Home? _____

Additional Information: _____
