

### HousePETality Client Information Form

Client Name \_\_\_\_\_

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

Telephone: Land line \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Pet (s) Description: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age: \_\_\_\_\_ Type: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Type: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Type: \_\_\_\_\_

While away, I can be reached at: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Needs, Restrictions or Behaviors: \_\_\_\_\_

Commands Understood: \_\_\_\_\_

Services Requested: (continue on reverse if needed)

Pet's Daily Routine: \_\_\_\_\_

Feeding Details: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

I understand that the fee for this service is \_\_\_\_\_ (50% payment requested at drop off with balance at pick up)

Additional Instructions : (continue on next page if needed)

**In the event of a medical emergency, I give permission to Marcia Hutchinson to take my pet to the nearest veterinary facility for care.**

**By signing below, I agree to conditions stated above**

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**Client Signature**

**Date**