CRITTER SITTER INTAKE FORM

Client Name: _____

Address:_____

Phone Number: _____

Dates of Service/Gone: _____ to _____

Charges: $_____

Extras: $_____

Pet(s) Name:_____ Dog/cat/etc? ( )

_____ ( )

_____ ( )

Walk: (numbers of times/day)_____

Feeding Instructions: _____

Special Needs/Notes:

_____

_____

_____

_____

_____

Vet Info:

Doctor's Name:_____

Emergency Vet Preference:_____

Clinic Name/Location:_____

Emergency Info:

Emergency Contact: _____

Phone: _____

Meds: _____

"I _____ give Paula Hill my permission to incur vet expenses between _____ and _____. (up to $_____)" OR CC is on file _____ (int).

Signature:_____