C:\Users\Lisa Mathena\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\Y85C32BW\MC900001225[1].wmf**JUST LIKE HOME PET SITTING**

## NEW CLIENT INFORMATION AND VETERINARY RELEASE FORM

**CLIENT INFORMATION:**

**NAME:**

**ADDRESS:**

**HOME PHONE:**

**CELL PHONE:**

**WORK PHONE:**

**EMAIL ADDRESS:**

**EMERGENCY CONTACT:**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IS JUST LIKE HOME PET SITTING MAINTAINING A KEY TO YOUR HOME?**

**YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

**IF YES, DATE KEY ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISSUED BY:\_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS AN ALARM ACCESS CODE REQUIRED? YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_**

**ALARM CODE ASSIGNED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY SPECIFIC HOME SECURITY INSTRUCTIONS?**

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**PET’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE\_\_\_\_\_\_\_\_\_\_FEMALE\_\_\_\_\_\_\_\_\_**

**NEUTERED\_\_\_\_\_\_\_\_\_\_\_SPAYED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEEDING INSTRUCTIONS:**

**FOOD TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# OF FEEDINGS PER DAY:\_\_\_\_\_\_\_\_TIMES OF DAY\_\_\_\_\_\_\_\_\_\_\_\_**

**FOOD PREP INSTRUCTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL CONDITIONS/MEDICATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENTLY ON FLEA/TICK PREVENTATIVE? YES\_\_\_\_\_ NO\_\_\_\_\_\_**

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**PET’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE\_\_\_\_\_\_\_\_\_\_FEMALE\_\_\_\_\_\_\_\_\_**

**NEUTERED\_\_\_\_\_\_\_\_\_\_\_SPAYED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEEDING INSTRUCTIONS:**

**FOOD TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# OF FEEDINGS PER DAY:\_\_\_\_\_\_\_\_TIMES OF DAY\_\_\_\_\_\_\_\_\_\_\_\_**

**FOOD PREP INSTRUCTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL CONDITIONS/MEDICATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENTLY ON FLEA/TICK PREVENTATIVE? YES\_\_\_\_\_ NO\_\_\_\_\_\_**

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**IF MY PET(S) BECOME ILL OR IS INJURED, I REQUEST JUST LIKE HOME PETSITTING TAKE THE PET(S) TO:**

**VETERINARY OFFICE:**

**PHONE:**

**ADDRESS:**

**I GIVE PERMISSION TO JUST LIKE HOME PET SITTING TO APPROVE TREATMENT UP TO $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I WILL ASSUME FULL RESPONSIBILITY FOR PAYMENT AND/OR REIMBURSEMENT FOR VETERINARY SERVICES RENDERED UP TO THE ABOVE STATED AMOUNT. IF IMMEDIATE PAYMENT IS REQUIRED, I WILL MAKE PAYMENT ARRANGEMENTS WITH THE VETERINARY OFFICE.**

**I AUTHORIZE JUST LIKE HOME PET SITTING TO TAKE MY PET (S) TO THE VET OF THEIR CHOICE IF MY REQUESTED VETERINARY OFFICE IS NOT AVAILABLE. I UNDERSTAND THAT JUST LIKE HOME PET SITTING CAN NOT BE HELD LIABLE FOR THE RESULTS OF VETERINARY TREATMENT OR THE LOSS OF MY PET. THIS AGREEMENT IS VALID FOR THE DURATION OF THE PET SITTING PERIOD.**

**OWNER’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OWNER’S NAME (PRINTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW DID YOU HEAR ABOUT JUST LIKE HOME PET SITTING?**

**REFERRED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**