

A Walk in the Park with Renee

Client Profile

Client Information

Client Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Alarm Code: _____ Garage Code: _____

Key Return: _____

People Allowed on Premises: _____ Cleaning _____ Lawn _____ Neighbor _____ Family _____ Other _____

Their Information: _____

Vet Information

Vet Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you been a client?: _____

Non-Pet Care Services

Garbage Day: _____ Light Rotation: _____

Water Plants: _____ Mail/Newspaper/Package: _____

Anything Else? _____

Authorization of Services

I Authorize A Walk in the Park to provide services for my pets in my home.

Client Signature: _____ Date: _____

A Walk in the Park Rep: _____ Date: _____

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Note: This page must be printed out and completed for each pet under A Walk in the Park care.

General Pet Information

Pet Name: _____ Sex: _____ Birth Date: _____
Micro Chip #: _____
Breed: _____ Bites?: _____
Colors / Markings: _____
Type of Food: _____ Amount / Times a Day: _____
Phobias: _____

Tell us what your pet would like us to do during our 30 minutes together?

Emergency and Vet Information

Preferred Dr: _____ Medical Records Current?: _____
Medical Issues: _____
Meds: _____
In case of an emergency we contact you first but . . .
Treatments: Authorize or Call First?
Did you contact your vet to give us authorization?: _____
Do you have a copy of the medical records on hand?: _____

Note: Cost for services incurred by A Walk in the Park with will be billed back to the client and are due upon return.

Emergency Description: _____
Date of Emergency: _____
Statement Provided to Client: _____
Amount Incurred: _____
Open Bill at Vet: _____

Notes:
