

Happy Scampers LLC

#480-518-1902

CLIENT INFORMATION FORM

DATE: _____ CLIENT NAME : _____

Pets Names: _____

Pets Descriptions: _____

ADDRESS _____

Cross Streets _____

HOME # _____ Work# _____

Cell Phone (1) _____ Cell Phone (2) _____

Alarm yes/no Co. Name, Code, Instructions _____

EMAIL: _____

Friend or Relative emergency # _____

PET DOOR? yes no

MAIL/newspaper - bring in? yes no

BRUSHING? yes no

CHANGE LIGHTING? yes no

WALKS? yes no

Open/Close Blinds? yes no

FOOD LOCATION? _____ PETS ON MEDICATION NOW? yes no

INSIDE PLANTS TO WATER?

WATERING CAN LOCATION?

LITTER BOX LOCATION?

TRASH CAN LOCATION?

ADDITIONAL NOTES: _____

ANYONE ELSE ON OR IN YOUR PROPERTY DURING YOUR ABSENCE?

Date, Day, and Time START: _____

Date, Day, and Time END: _____