

Rover's Recess, Inc

Valpo's Premier Pet Sitter Since 2007

CLIENT INFORMATION

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
Email: _____	Alt. Phone: _____

Pet's Name	Breed/Color	DOB	Sex	History of Illness	Current on Vaccines	Microchip	Special Diet/Treats

Veterinarian _____ Phone _____

Special obedience commands, if any _____

Any history of biting or aggression of any kind? _____

Does dog walk calmly on a leash? _____ What type of collar is used? _____

Will dog react to things encountered on a walk (cars, bicycles, other dogs)? _____

How does your pet behave in your absence? _____

Emergency contacts (including phone numbers)

Where can we reach you during service hours? _____

MUST have a telephone number or way to reach you

Security System? Cameras? Code ? _____

Garage Door Code? _____

How did you hear about Rover's Recess, Inc? _____

Does the sitter have permission to adjust the temperature of the home if he/she finds it necessary for the comfort and/or safety of the pet(s)? _____

Food/Treats located _____ Leash located _____ Trash cans located (indoor & out) _____

Outdoor waste clean up & disposal _____ Indoor waste clean up & disposal _____

Additional Instructions/Notes: _____
