



Petcetera by Lauren

Client Profile Form

DATE: _____ CLIENT NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

VETERINARIAN'S NAME: _____

VETERINARIAN'S ADDRESS: _____

VETERINARIAN'S PHONE: _____

YARD FENCED? _____ NEWSPAPERS? AM DELIVERY / PM DELIVERY / NO PAPER _____

PET DOOR? _____ MAIL: _____

CHANGE LIGHTING? _____ BRUSHING? _____

FOOD LOCATION: _____ TREAT LOCATION: _____

PLANTS TO WATER? _____ WATERING CAN LOCATION: _____

LITTER BOX LOCATION: _____ TRASH CAN LOCATION: _____

SECURITY SYSTEM? _____ SECURITY SYSTEM INSTRUCTIONS: _____

WOULD YOU LIKE FOR PETCETERA BY LAUREN TO TRY TO MAINTAIN A COMFORT LEVEL THAT YOU ESTABLISH? _____

EMERGENCY PHONE NUMBER OF A FRIEND/RELATIVE (NAME & PHONE #): _____

WHO IS RESPONSIBLE FOR YOUR PETS IN CASE OF YOUR DEATH? (NAME & PHONE #): _____

ANYONE ELSE ON OR IN YOUR PROPERTY DURING YOUR ABSENCE? (SUCH AS HOUSEKEEPER, GARDENER): _____

SIGNATURE: _____ DATE: _____

This signed document is authorization to enter the above address for the purpose of pet care or home security checks.

REFERRED BY:

HOW DID YOU HEAR ABOUT PETCETERA BY LAUREN?: