

Best Friend Pet Care, LLC

3643 Hartford St., St. Louis, MO 63116

(314) 664-8607/(314) 477-PETS

CLIENT RELEASE FORM

Client's Name(s) _____ e-mail address(es) _____

Home Address (including Zip+4) _____

Phone Numbers: Home: _____ Office: _____

Mobile: _____ Pager: _____

PETS NAMES:	Breed/type/spayed/neutered	DOB	Vaccination Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Veterinarian: _____ Vet's Phone: _____

Vet's address: _____

PET CARE INSTRUCTIONS

Pet: _____ Food: _____ Location: _____

How Much: _____ How Often: _____

Medication(s): _____ Instructions: _____

Pet: _____ Food: _____ Location: _____

How Much: _____ How Often: _____

Medication(s): _____ Instructions: _____

Pet: _____ Food: _____ Location: _____

How Much: _____ How Often: _____

Medication(s): _____ Instructions: _____

Treats/Toys/Favorite games? _____

List any known behavioral problems: _____

How does your pet interact with: dogs _____ cats _____ children _____ others _____

*(If you need more space to include information, please use the back side of this form)

Contact person in case of emergency: _____ Relationship: _____

Phone number or location: _____

HOME CARE CHECKLIST (Yes or No)

Bring in mail/papers? _____ Alternate lights? _____ Water plants? _____ Take out trash? _____ Hold Key _____
(keys will be stored in a locked key box with a code which correlates to your file, when not in use by your sitter)

Indicate where in the home the main water shutoff valve and main breaker box are located. _____

Flashlights/emergency power: _____ Space heaters: _____

I give BEST FRIEND PET CARE, LLC, Cynthia Wilkinson, and/or her agents my written permission to obtain veterinary care for my pets with the veterinarian of his/her choice in the event of an emergency. Every reasonable effort will be made to have animals be seen by their regular veterinarian. I accept all financial responsibility for said care. I also give permission for representative to rightfully possess a key to my residence during contracted dates in order to care for my pets.

Signature: _____ Date: _____