

Client Information Form

Name _____ Spouse _____

Occupations _____

Address _____

Directions to home _____

Payment preferences (how client wants to pay) _____

Phone Numbers:

Home _____

Cell _____

Work _____

Other _____

Email address _____

Emergency Contact _____

Pets:

1 _____

2 _____

3 _____

4 _____

Alarm information _____

Special Instructions for House _____

Location/contact for extra key _____

Cat Information Sheet

Pet _____

Owner _____

Date of birth (or age) _____ Breed _____

Color _____ Distinguishing Marks _____

Feeding Instructions _____

Where is food bought _____

Notes on feeding (fussy, timing, special presentations, water, food areas, etc)

Treats and Special Diets (amount) _____

Health Issues _____

Medications (type, how often, how much, where is it where to buy, how to administer)

Behavior (any issues) _____

Favorite toys _____

Favorite hiding places and how to get cat out _____

Allowed outdoors? How to get back in? _____

Any fears? Propensity to escape? Likes petting?

Date of last vaccinations (especially rabies) _____

Attach photo

From: <http://www.veterinaryassistantlearningcenter.com/>

Dog Information Sheet

Pet _____ Owner _____

Date of birth (or age) _____ Breed _____

Color _____ Distinguishing Marks _____

Feeding Instructions _____

Where is food bought? _____

Notes on feeding (fussy, special presentations, water, food areas, etc) _____

Treats and Special Diets (amount) _____

Health Issues _____

Medications (type, location, how often, how much, where is it bought?) _____

Training attained _____

Location of collar/leash/harness _____

Favorite hiding places _____

Favorite game _____

Behavior (any issues?) _____

Does dog get along with other dogs? _____

Exercise (amount, how much?) _____

Date of last vaccinations (especially rabies) _____

Attach photo

From: <http://www.veterinaryassistantlearningcenter.com/>

PET SITTING ASSIGNMENT INFORMATION

Client: _____

Pets: _____

Date/time of first visit: _____

Date/time of last visit: _____

Number of visits per day: _____

Total number of visits: _____

Overnight: _____

Daily visits: _____

Additional duties (please circle those you would like to request):

_____ Bring in mail/papers

_____ Water plants

_____ Put out trash cans/recycling

Other _____

Where the client can be reached:

Address: _____

Phone: _____

Email: _____

Verification of client's return Y/N Contact with client during assignment Y/N

Contact method: _____

From: <http://www.veterinaryassistantlearningcenter.com/>

Veterinary Release Form

To the veterinarians at the XYZ Veterinary Hospital. In my absence, I give total responsibility for the care of my pets (name below):

1. _____

2. _____

To: Name: _____

Address: _____

Contact numbers: _____

When I cannot be contacted immediately, this person will make all decisions regarding necessary treatment in the event of a medical emergency.

I wish no more than \$_____ to be spent on any one pet. I do not want treatment to proceed if there will be permanent disabilities such as:

_____ (consider head injuries, loss of bowel or bladder control, loss of a limb, blindness)

If any of my pets are diagnosed with a terminal condition and their quality of life is impaired, this caregiver has full authority to request euthanasia.

If any of my pets dies suddenly, I Do | Do not (circle one) want a post-mortem performed to determine the cause of death.

In the event of a death, it is my wish:

_____ To have a communal cremation done.

_____ To have a private cremation done.

Signed: _____

Date: _____

Name: _____

Address: _____

Contact Numbers: _____

From: <http://www.veterinaryassistantlearningcenter.com/>