



Doggie Relief

Professional Dog Walking Service

305 South Central Avenue, Landis, NC 28088

Laura@doggiereleif.com 704-449-3669 www.doggiereleif.com

~~~~Client & Pet Information ~~~~

CLIENT INFORMATION

Client(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Additional phone numbers: _____

Email Address(s): _____

Directions to client home: _____

Emergency Contact Number: _____

Extra Key Left with Emergency Contact? Yes No (please circle)

TRAVEL INFORMATION

Date leaving: _____ Time leaving: _____

Date returning: _____ Time returning: _____

Flight information: _____

Contact Information: _____

Emergency contact name: _____ Phone: _____

Does this person have a key to your home? Yes/No

Will anyone else be in your home during your absence? Yes/No

Others who have keys to your home: _____

HOME CARE INFORMATION

(Circle all that apply)

Bring in mail, Bring in paper, Alternate lights, Open/close curtains, Set trash cans out,

Turn on/off Television or radio, Water plants, Thermostat

Instructions:

LOCATION OF IMPORTANT ITEMS

Leash/cat carrier/crate: _____

Pet Food: _____

Cleaning supplies: _____

Vacuum cleaner: _____

Thermostat: _____

Breaker Box: _____

Alarm panel: _____

Indoor/outdoor light switches: _____

Other: _____

PET INFORMATION

Pet's name: _____ Age: _____ Male / Female: _____

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Pet's name: _____ Age: _____ Male / Female: _____

KEYS

Doggie Relief prefers to keep client keys on file to simplify arrangements for future visits. Scheduling key pick-ups and returns will incur extra charges.

_____ I release my house keys to business to retain on file, in a secured location, for future services. I may revoke this release at any time, at which time my keys will be returned.

_____ I would like business to return my house keys after the current service is completed.

Client Signature: _____ Date: _____

Doggie Relief: _____ Date: _____