

CLIENT INFORMATION SHEET

Name _____ Address _____

Home Phone _____ Work Phone _____ Mobile 1 _____

Mobile 2 _____ E-mail _____

In case of severe weather conditions or other situations that would prevent me from visiting your pet (when you are out of town) please provide the phone # of someone, with access to your home, who will be able to care for your pet in such an emergency.

Veterinary Release

If any of the pets named below becomes ill or is injured, I understand that Kristen Hudgik will attempt to notify me as soon as possible, but give permission to Kristen to take the pets to:

Veterinarian _____ Address _____ Phone _____

Alternative Vet _____ Address _____ Phone _____

I give permission to Kristen Hudgik to approve treatment up to \$_____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. If neither of the veterinary offices named above is available, I authorize Kristen to take my pet/s to another veterinary office for treatment. I understand that Kristen Hudgik cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on the date below whenever Kristen cares for my pets.

Signature _____ Date _____

Pet Information

Name of 1st pet _____ Species _____ Breed _____

Sex _____ Age of Pet _____ Spayed/Neutered? _____ Color/Markings _____

Health Concerns: _____

Information about your pet's routine and care (i.e. feeding instructions, favorite toys, likes and dislikes)

Name of 2nd pet _____ Species _____ Breed _____

Sex _____ Age of Pet _____ Spayed/Neutered? _____ Color/Markings _____

Health Concerns: _____

Information about your pet's routine and care (i.e. feeding instructions, favorite toys, likes and dislikes)

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Name of 3rd pet _____ Species _____ Breed _____

Sex _____ Age of Pet _____ Spayed/Neutered? _____ Color/Markings _____

Health Concerns: _____

Additional information about your pet's routine and care (i.e. feeding instructions, favorite toys, likes and dislikes)

Name of 4th pet _____ Species _____ Breed _____

Sex _____ Age of Pet _____ Spayed/Neutered? _____ Color/Markings _____

Health Concerns: _____

Additional information about your pet's routine and care (i.e. feeding instructions, favorite toys, likes and dislikes)

Name of 5th pet _____ Species _____ Breed _____

Sex _____ Age of Pet _____ Spayed/Neutered? _____ Color/Markings _____

Health Concerns: _____

Additional information about your pet's routine and care (i.e. feeding instructions, favorite toys, likes and dislikes)

