



*** Dancing Paws Client Information ***

Name: _____

Address: _____ State: _____ Zip: _____

Phone numbers: home: _____ cell: _____

work: _____ other: _____

Email address(es): _____

Additional contact info: _____

Veterinarian:

Name: _____

Address: _____

Phone: _____

Local emergency contact:

Name: _____

Phone: _____

Person with keys to your house (if different from emergency contact):

Name: _____

Phone: _____

Any special instructions regarding locks, gates etc.?

Home Care (included) yes no additional info:

Bring in mail/newspapers			
Water indoor plants			
Alternate lights			
Adjust thermostat			
Alternate blinds/curtains			
Put out garbage (indicate day/location)			
Leave on TV or radio			
Other:			

Location of important items:

Leashes/collars: _____

Crates/carriers: _____

Kitty litter (if applicable): _____

Thermostat: _____

Vacuum cleaner: _____

Rug/floor cleaner: _____

Flashlight: _____

Breaker box: _____

Fire Extinguisher: _____

Other: _____

Please add any additional information that we may need to know:

Important note: Please be sure to inform us if anyone else is expected to enter your home while we are caring for your pet(s). Thank you.