

Hounds 2 Horses Pet & Ranch Care Services

kristine@hounds2horses.com

541.322.8843



Client Information:

Name: _____

Spouse/Other : _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact : _____ (Local)

Emergency Contact: _____ (Backup)

How Did you hear about us: _____

House Information:

Gate Code: _____

Disarm Alarm: _____ Arm Alarm: _____

Alarm Company: _____ Alarm Company Phone : _____

Alarm Location: _____ Alarm Code: _____

Trash Day: _____ Trash Location: _____

Breaker Box Location: _____ Water Shutoff Location: _____

Thermostat: _____ Cleaning Supplies: _____

We give you permission to authorize emergency work if necessary to prevent damage and client will be responsible for full payment of such work deemed necessary.

Client Signature: _____

Veterinary Information: Please leave credit card information at the vet's for billing purpose in case of emergency

Name: _____ Phone: _____ Doctor: _____

Name: _____ Phone: _____ Doctor: _____

Pet Medical Emergency Information:

We, the client, give you Hounds 2 Horses Pet & Ranch Care Services, permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian of our choice. We, the client will be responsible for full payment of such care.

Client Signature: _____

Pet Care Instructions:

For multiple pets please make additional copies of this form

Please tell us about each individual pet

Pet Name: _____ Length of Time Owned: _____

Pet Type/ Breed: _____ Sex: M / F Neutered: Y / N Declawed: Y / N

Physical Description: _____

Age: _____ Weight: _____ Birthday: _____ Aggressive or
Aversions to anything Y/N explain _____

Pet Care Instructions:

Pet Name: _____ Length of Time Owned: _____

Pet Type/ Breed: _____ Sex: M / F Neutered: Y / N Declawed: Y / N

Physical Description: _____

Age: _____ Weight: _____ Birthday: _____ Aggressive or Aversions to anything Y/N explain _____

Please tell us about your Feeding Instructions:

___ Feed apart from other pets ___ Dispose of uneaten food ___ Remove food after ___ minutes

Treats: Amt, Location Brand am/pm	Directions:
Dry Food: Amount, Measure with, Where to feed am/pm	Directions:
Wet Food: Amount, Measure with, Where to feed am/pm	Directions:
Medications: Amount, Location of am/pm	Directions:
Medications: Amount, Location of am/pm	Directions:

Pets Living Area: Please check those items that apply to your situation

___ Not Allowed outdoors at all ___ Only Allowed outdoors on Leash ___ Not Allowed Indoors

___ Turn out, invisible fenced yard with collar ___ Turn out, secured fenced area

___ Allowed on furniture ___ Crate pet when alone ___ Restrict pet at all times

Restricted Area/ Crate Location: _____

Other Arrangements:

Change Lighting	
Water Plants	
Clean Litter Box	
Put out the trash	

Mail / Location	
Walk the dog	

Please leave signed copy for pet sitter

Client Signature: _____

Date: _____