



Assigned Key Number:

Representative:

## CLIENT INFORMATION SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CAN WE E-MAIL YOU WITH INFORMATION ON

SPECIAL EVENTS OR ANNOUNCEMENTS THAT WE MAY HAVE FROM TIME TO TIME? YES / NO

WOULD YOU LIKE US TO E-MAIL YOU YOUR INVOICES AS A .PDF FILE? YES / NO

NAME OF PET: \_\_\_\_\_ BREED TYPE: \_\_\_\_\_

(use attached sheet for additional pets)

SEX OF PET: \_\_\_\_\_ AGE OF PET: \_\_\_\_\_ SPAY/NEUTERED? YES / NO

COLOR/DISTINCTIVE CHARACTERISTICS: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ VET ADDRESS: \_\_\_\_\_

VET PHONE: \_\_\_\_\_ RABIES ID NUMBER: \_\_\_\_\_

ID TAG? YES / NO CITY LICENSE? YES / NO CITY LICENSE NUMBER: \_\_\_\_\_

LOCAL EMERGENCY CONTACT (if you are out of town): \_\_\_\_\_

TELEPHONE OF BLDG. SERVICE: \_\_\_\_\_

(in case of emergencies such as plumbing, etc)

OTHER PERTINENT INFORMATION: (i.e. feeding instructions, favorite toys, ticklish spots, favorite ball of yarn)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of severe weather conditions or other situations that would prevent us from visiting your pet, please provide the phone number of a neighbor or friend, with access to your home, who will be able to care for your pet in such an emergency.

How did you hear about our services? \_\_\_\_\_



P.O. BOX 21816 • SANTA BARBARA • CA • 93121-1816 • (805) 886-3228 • info@pawssb.com